DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

Principal School Medical Officer

ON THE

Health & Well-being of School Children

FOR THE

Year ended 31st December, 1959

J. B. S. MORGAN,
B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.,
Principal School Medical Officer.

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DERBYSHIRE EDUCATION COMMITTEE
(1959-1960)

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ALDERMAN J. B. HANCOCK
(Vice-Chairman)

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SPECIAL SERVICES SUB-COMMITTEE OF THE DERBYSHIRE EDUCATION COMMITTEE
(1959-1960)

ALDERMAN F. A. GENT
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H. TURNER, J.P.

Co-opted Members

MRS. E. E. ARMSTRONG
H. H. DAVIDSON, ESQ.
F. P. HEATH, ESQ.
F. R. ROLLINSON, ESQ.

A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December, 1959, its membership was as follows:—

Representing the County Health Committee:

ALD. MRS. E. HARRISON (*Chairman*)
ALD. MRS. F. E. SHIPLEY
ALD. MRS. D. M. SUTTON
COUN. N. B. BANKS

Representing the Education Committee:

ALD. MRS. G. BUXTON, C.B.E., J.P.
ALD. MRS. O. EDEN, J.P.
ALD. F. A. GENT
ALD. J. B. HANCOCK

ANNUAL REPORT

of the PRINCIPAL SCHOOL MEDICAL OFFICER on the Health and Well-being of School Children for the Year ended 31st December, 1959.

To the Chairman and Members of the Derbyshire Education Committee

Ladies and Gentlemen,

I have the honour to present my sixteenth Annual Report on the health and well-being of children attending schools maintained by the Derbyshire Education Authority.

I have continued to include in the Report, after a certain amount of editing by the Director of Education and myself, reports I have received from the school medical officers and some other staff. It may be thought that the incorporation of ideas from several sources would make for more interesting reading. In my view, different opinions on the same subject are often helpful in evaluating a problem, but it should be clearly understood that I cannot be expected to subscribe necessarily to every opinion expressed, particularly when they are opposed. Medical men in the course of their training are taught to be observant, reliant and responsible, but they sometimes disagree in their opinions. (Perhaps I should say at once that they are not peculiar in this respect!). If, therefore, I went meticulously through the Medical Officers' reports and expurgated everything that was contradictory or contentious and only included what was laudatory, the Report would have lost its "savour" and become insincere and dull. There is the further point that reports from different areas heighten interest in the work in various localities. In this connection it might be considered opportune to quote relevant extracts from a Ministry of Education circular dated 18th February, 1960:—

> "2. The report of the Principal School Medical Officer for 1959 is also required by the Ministry under Section 92 of the Education Act, 1944 . . . The Medical Inspection Returns should show figures for the whole of the Authority's area including Excepted Districts and Divisional Executives. The Reports of the Principal School Medical Officer might include reports from School Medical Officers of these districts."

I have agreed to a suggestion made by the Director of Education that it would be expedient that the following sentence should appear in this introductory letter: "It is right that medical officers, no less than other appropriate members of the County Council's staff, should be constantly on the look-out for improvements which need to be made, but it should be noted that the pace at which these improvements can be carried out depends mainly on the allocation of capital resources by central government."

"Education" and "Health" have much to contribute to one another—in fact neither blossoms to its full splendour without the help of the other. They are inextricably bound together, so that if one fails the other languishes. This may produce dire consequences in a child's scholastic career, notably when it coincides with special study for the "11-plus" examination or for University entrance. There are many factors operating in success or failure, including intelligence, work and teaching, but not least health.

While staffing difficulties in dentistry and speech therapy have continued, without hope of much improvement in the near future, the immediate prospect is brighter in the field of medical recruitment. More medical staff is necessary, not only to deal with the increased school population since the war, due to the birth rate and the raising of the school leaving age, but to carry out the various immunological procedures that informed medical opinion now advocates. In the latter connection I must pay tribute to the assistance received from the teachers in making known to parents and scholars the advantages to be gained from agreeing to these procedures.

Ably lead by its Chairman and Director, the Education Committee is taking an increasing interest in physical education, whether it be in a gymnasium, playing field, mountain top, or on or in the water! The right exercise, backed by sound nutrition, are important constituents in a successful education career:—

"*Mens sana in corpore sano.*"

Finally, I would like to thank Ald. F. A. Gent and Ald. Mrs. E. Harrison, the respective Chairmen of the Education Committee and the Joint Medical Services Sub-Committee, for their support in obtaining approval to expansions in the School Health Service during the year; Mr. J. L. Longland, the Director of Education, and his staff for their co-operation; and to the staff of my own Department for their assistance, but not least, Dr. Woodward, my Deputy, Mr. Gray, Principal Dental Officer, Dr. Julia Corrigan, the Senior Medical Officer for the School Health Service, and Mr. Dilks, the Chief Clerk.

I am,

Your obedient Servant,

J. B. S. MORGAN,

Principal School Medical Officer.

County Offices,
Matlock.

(*Telephone: Matlock* 3411).

4*th April*, 1960.

THE SCHOOL HEALTH SERVICE REGULATIONS, 1959

As a consequence of the passing of the Local Government Act, 1958, the Minister of Education has issued *The School Health Service Regulations*, 1959, which take the place of *The School Health Service and Handicapped Pupils Regulations*, 1953, with effect from 1st April, 1959.

An explanatory note appended to the Regulations indicates their general purport as follows:—

"These regulations replace Part II of the School Health Service and Handicapped Pupils Regulations, 1953, (revoked by the Special Schools and Establishments (Grant) Regulations, 1959 (S.I. 1959/366)) which prescribes the conditions for grant to local education authorities in respect of the medical inspection and treatment of pupils. The requirements imposed on the authorities by these regulations are no longer conditions of grant, but do not differ substantially from the existing conditions, except that specific requirements as to the occasions on which medical and dental inspection are to be carried out have been omitted.

The following extract includes the salient features of the new Regulations:—

"2. These regulations prescribe the requirements to be observed by local education authorities when performing their functions under the Education Acts, 1944 to 1953, in relation to the medical examination, inspection and treatment, and dental treatment, of pupils in schools, (including special schools), and other educational establishments maintained by them.

School Health Service.

3. (1) Every local education authority shall, for the purpose of performing the functions referred to in the preceding regulation, maintain a health service, to be called the 'school health service', and, as part of that service, a dental service, to be called the 'school dental service'.

(2) An authority shall appoint—

(*a*) a principal school medical officer, to be in general charge of the school health service, and responsible to the authority for the efficient conduct of the service in the interest of the health and well-being of the pupils for whom it is provided;

(*b*) a principal school dental officer, to be in charge of the school dental service, and responsible to the principal school medical officer for its efficient conduct; and

(*c*) such other medical and dental officers, nurses and other persons as may be necessary.

4. An authority shall, in making arrangements for its school health service, have regard to other health services in its area; and the authority's arrangements and the premises used for the service, shall be open to inspection by any person appointed for the purpose by the Minister.

Nurses.

5. A nurse employed by an authority for the purposes of the school health service shall possess the qualifications prescribed for a health visitor by the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948 (b), unless—

(*a*) she is employed solely in a school clinic, or on duties of a specialist character, or was employed by a former local education authority before 1st April, 1945; or

(*b*) the authority is unable to comply with this regulation owing to a shortage of nurses possessing such qualifications.

Premises

6. Premises used for the school health service shall be kept in a proper state of repair, cleanliness and hygiene.

Medical and Dental Inspection

7. An authority shall, so far as is reasonable and practicable, give the parent of a day pupil the opportunity of being present at every medical inspection, and at the first dental inspection, of the pupil.

Records.

8. (1) An authority shall keep medical and dental records in a form approved by the Minister for every pupil attending a school maintained by it.

(2) If the pupil becomes a pupil at a school or other place of education or training maintained by another local education authority, the records shall be transferred to that other authority if so requested by it; and if he becomes

a pupil at a school or other place of education or training not maintained by a local education authority, reasonable medical information concerning him shall on request, be given to the person conducting that other school or place."

In a circular (No. 352 dated 24/3/59) which described the principal changes brought about by the new Regulations, the Ministry dealt with the following points:—

Medical and Dental Inspections. The frequency of medical and dental inspections has not been prescribed. The duty upon authorities to carry out these inspections at appropriate intervals is stated sufficiently clearly in s. 48(1) of the Education Act, 1944. Where this duty is carried out by means of *periodic general medical inspections*, they should take place during the first and last years of compulsory school attendance, and one other inspection either during the last year in the primary school, or the first year in the secondary school. It will also be desirable to inspect young chidlren under five years as soon as possible after they begin school, and also during their last year at school pupils who stay at school beyond the age of fifteen.

School dental inspections should, as far as practicable, be carried out at least once a year, and treatment offered promptly to those who are found to need it. The Ministry's circular states, however, that "this is unfortunately at present possible only in a few areas owing to the shortage of school dentists."

The circular goes on to say that "Medical and dental inspection should take place in school whenever this is possible. The Standards for School Premises Regulations include a requirement that suitable accommodation shall be immediately available at any time during school hours for the inspection and treatment of pupils by doctors, dentists, nurses and other professional workers in the School Health Service."

The circular—in my opinion very truly—points out that "the efficient conduct of the School Health Service depends above all on the close contact of doctors and nurses with the teachers, the parents and the children in the schools. They should be regular visitors, and the teachers should be encouraged to bring to their notice both those children who show particular defects and those whose general condition seems to indicate the need for an expert medical examination. There should also be close co-operation between the School Health Service staff and the children's general medical practitioners."

Reports. The circular states that "the Minister hereby requires that, as soon as possible after the end of each calendar year, the authority shall submit to him in respect of that year a report by their Principal School Medical Officer on the health and well-being of pupils in his care and on the work of himself and his staff in relation thereto, including a report on the School Dental Service by the Principal School Dental Officer."

In this County, three general medical inspections of the school children take place, generally arranged so that every pupil is inspected during (i) the first year of compulsory school attendance, (ii) the first year of attendance at a secondary school, and (iii) the last year of compulsory school attendance. (Exceptionally, arrangements may be made for children to be examined in the last year at a junior school, instead of during the first year at a secondary school—this is to relieve some of the pressure on the larger secondary schools through which "the bulge" in the school population is passing).

In addition, children under five years old are inspected as soon as possible after they begin to attend school, and pupils who stay beyond the age of fifteen years are inspected during their last year at school. Pupils specially brought forward are also examined, and those previously observed to have defects requiring observation or treatment are re-examined. As no routine general medical inspection is normally carried out in the "junior" departments or schools, School Medical Officers have been requested to make a point of getting in touch with the Headteachers of such departments or schools at least once a year to afford them an opportunity of bringing forward any children they require to be specially examined or cases in need of re-examination.

GENERAL INFORMATION AND STATISTICS

Area and Population of Administrative County.

	Municipal Boroughs	Urban Districts	Rural Districts	Totals
Number of Sanitary Districts	4	16	9	29
Area in acres	21,149	76,916	537,391	635,456
Population, Mid-1959 ..	139,340	227,560	365,900	732,800

Primary and Secondary Schools.

Divisional Executive	Types of Schools and Numbers		Average No. on Registers	
North-west	Primary ..	80	8,317	13,938
	Secondary ..	16	5,621	
North-east	Primary ..	119	21,314	34,457
	Secondary ..	33	13,143	
Mid-Derbyshire ..	Primary ..	82	9,426	17,710
	Secondary ..	18	7,284	
South-east	Primary ..	63	10,660	18,719
	Secondary ..	16	8,059	
South	Primary ..	103	13,192	21,383
	Secondary ..	18	8,191	
Chesterfield ..	Primary ..	26	6,075	12,313
	Secondary ..	13	6,238	
Total — Whole Administrative County	Primary ..	473	69,984	118,520
	Secondary ..	114	48,536	

Nursery Schools and Nursery Classes.

Divisional Executive	Number of Schools or Classes		Approx. No. on Registers
North-west ..	Schools ..	1	42
	Classes ..	1	23
North-east ..	Schools ..	1	40
	Classes ..	6	136
South-east ..	Classes ..	2	61
Chesterfield ..	Classes ..	4	105

Special Schools.	*Approx. No. on Registers*
Ashgate Croft (E.S.N. Mixed) Day Special School, Chesterfield (Opened 14 4 59) ..	160
Brambling House Open Air School and Children's Centre, Chesterfield	125
Bretby Orthopaedic Hospital Special School, Bretby	44
John Duncan (E.S.N. Girls') School, Buxton ..	45
Overseal Manor (E.S.N. Boys') School	43
Talbot House, Glossop (Cerebral Palsy) ..	21
The Brackenfield Day Special School (E.S.N., Mixed), Long Eaton	100

Boarding Homes for Maladjusted Pupils.	
Holly House, Chesterfield	12
Stretton House, Stretton	24

New Schools.

The following new schools were opened during the year:—

North-West Division	*Date of Opening*
Buxton St. Thomas More R.C. Secondary	7th September.
North-East Division.	
Dronfield Holmsdale County Infants ..	6th January.
Mid-Derbyshire Division.	
Belper St. Elizabeth's R.C. Primary ..	7th September.
South Derbyshire Division.	
Swadlincote Eureka County Infants ..	5th January.
Breadsall The Darwin County Secondary	15th April.
Alvaston St. John Fisher R.C. Infants ..	1st September.

Schools closed during the Year.

North-East Division.	*Date of Closure.*
North Wingfield County Secondary Boys	13th April.
South-East Division.	
Heanor Langley Mill C.E. V.C. Boys ..	13th April.
Ilkeston Bennerley County Infants ..	31st August.
South Derbyshire Division.	
Swadlincote Church Gresley Hastings County Secondary	17th July.
Swadlincote Hastings County Infants ..	4th January.

Births and their effect on school population.

The number of pupils attending maintained primary and secondary schools shown above has increased in recent years and from 1946 onwards the following Table gives the position annually:—

1946 ..	82,895	1953 ..	109,099
1947 ..	87,107	1954 ..	112,021
1948 ..	91,875	1955 ..	114,744
1949 ..	95,595	1956 ..	116,699
1950 ..	97,511	1957 ..	118,761
1951 ..	100,973	1958 ..	119,792
1952 ..	106,323	1959 ..	118,520

These figures are a reflection of the births in the County during the preceding years as well as the raising of the school leaving age from 14 to 15 years in 1947. Below are set out the numbers of live births in the administrative county from 1940:—

1940 ..	9,898	1950 ..	10,799
1941 ..	10,078	1951 ..	10,440
1942 ..	11,032	1952 ..	10,425
1943 ..	11,724	1953 ..	10,663
1944 ..	13,149	1954 ..	10,417
1945 ..	11,393	1955 ..	10,329
1946 ..	12,710	1956 ..	11,011
1947 ..	13,714	1957 ..	11,428
1948 ..	12,152	1958 ..	11,560
1949 ..	11,534	1959 ..	11,868

Schemes of Divisional Administration.

(1) Under a Scheme of Divisional Administration approved by the Minister of Education on 25th June, 1945, the Administrative Area of the Authority (excluding the Borough of Chesterfield which is in an Excepted District) has been partitioned into five Divisions. So far as the School Health Service is concerned, it is a function of the various Divisional Executives to consider reports of the Principal School Medical Officer and to make, where necessary, recommendations to the Authority relating to that Service.

(2) The Borough of Chesterfield is an Excepted District for which the Divisional Executive is the Borough Council. A scheme of Divisional Administration made by the Borough Council was approved by the Minister of Education on 7th November, 1945. Briefly, the Borough Council exercises the following functions in respect of the Borough relating to the School Health Service in particular:—

(i) The duty of providing special educational treatment for those children who have been ascertained as needing such treatment.

(ii) The duty of carrying out the medical inspection of pupils in attendance at any school maintained by the Authority and securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(iii) The exercise of the duties relating to the power to ensure cleanliness.

(iv) The powers and duties relating to reports to local authorities under the Mental Deficiency Acts.

(v) The duty of carrying out the medical inspection of pupils receiving primary or secondary education otherwise than at school, and of securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(vi) Where an arrangement has been made between the Authority and the Proprietor of an Independent School in the Borough, the duty of carrying out the medical inspection of pupils in attendance at the school, and securing that the pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

Staff.

The Ministry of Education requested a numerical return of the staff of the School Health Service on 31st December, 1959, and the following information was provided:—

STAFF OF THE SCHOOL HEALTH SERVICE
(excluding Child Guidance) :—

Principal School Medical Officer .. .. J. B. S. Morgan
Principal School Dental Officer .. .. .. H. E. Gray

	Number of Officers	Numbers in terms of full-time officers employed in the School Health Service
(*a*) Medical Officers (including the Principal School Medical Officer)—*		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health and Local Health Services	29	14.6
(iii) General Practitioners working part-time in the School Health Service ..	—	—
(*b*) Physiotherapists, Speech Therapists, etc. (Specify)—		
(i) Orthopaedic Physiotherapists	3	1.50
(ii) Speech Therapists ..	3	2.54
(*c*) (i) School Nurses	57	19.90
(ii) No. of above who hold a Health Visitor's Certificate	52	
(*d*) Nursing Assistants	17	11.90

*—All Medical Officers of the School Health Service other than those employed part-time for specialist examination and treatment only.

	Officers employed on a salary basis		Officers employed on a sessional basis	
	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(*e*) Dental Staff:				
(i) Principal School Dental Officer ..	1	0.90	—	—
(ii) Dental Officers ..	8	5.83	—	—
(iii) Orthodontists (if not already included in (*e*) (i) or (*e*) (ii) above ..	—	—	—	—
Total ..	9	6.73	—	—

	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(iv) Dental Attendants ..	9	7.70

The following Table gives details of the staff during the year (including Child Guidance staff) :—

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
PRINCIPAL SCHOOL MEDICAL OFFICER—		
J. B. S. Morgan, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.	15%	85%
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER—		
V. J. Woodward, M.B., Ch.B., D.P.H.	40%	60%
SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH—		
Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H.	55%	45%
SENIOR MEDICAL OFFICER FOR MENTAL HEALTH—		
Margaret Fynne, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.	2½%	97½%
SCHOOL MEDICAL OFFICERS—		
Frances G. Brill, B.A., M.B., B.Ch., B.A.O.	70%	30%
Mary F. Cooney, M.B., B.Ch., B.A.O., D.C.H., D.P.H. (Left 20/3/59)	70%	30%
J. W. Crawshaw, M.B., Ch.B.	70%	30%
R. E. Dean, L.R.C.P.S., L.R.F.P.S.	75%	25%
J. Duthie, M.B., Ch.B.	70%	30%
Anna L. Frenkiel, M.R.C.S., L.R.C.P., D.R.C.O.G. (Left 23/1/59)	70%	30%
Winifred Gow, M.B., Ch.B.	70%	30%
Alison M. Hamilton, M.B., Ch.B., D.P.H. ..	70%	30%
Tonie F. Haynes, M.B., Ch.B. (Transferred from M.C.W. 8/9/59).	70%	30%
Emily B. John, M.B., B.S., M.R.C.S., L.R.C.P. (Commenced 5/1/59)	70%	30%
Dorothea Koffman, M.D., D.P.H. (Left 22/6/59)	70%	30%
Margarete Kuttner, M.D.	65%	35%
D. M. McCarthy, L.R.C.S.I., L.R.C.P.I. (Left 18/9/59)	70%	30%
D. R. McCaully, M.D., B.Ch., B.A.O., D.P.H. (Commenced 16/2/59)	70%	30%
Margaret J. Nettleship, M.B., B.Ch., D.P.H.	70%	30%
G. J. O'Connor, M.B., B.Ch., B.A.O.	70%	30%
G. Storey, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S. (Commenced 22/6/59)	70%	30%
Teisi Urtson, Med-Dip., Univ. of Tartu ..	70%	30%
Mary T. Vass, L.R.C.P.I., L.R.C.S.I., L.M. ..	70%	30%
(Five vacancies).		
PART-TIME SCHOOL MEDICAL OFFICERS—		
M. Allan, M.B., Ch.B., D.P.H.	20%	80%
W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H. ..	33%	67%
A. R. Robertson, M.B., Ch.B., D.P.H.	20%	80%
F. D. F. Steede, M.B., B.Ch., D.P.H. ..	27%	73%
Mary Sutcliffe, M.A., M.B., B.Ch., D.P.H. ..	30%	70%
P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	20%	80%
C. G. Woolgrove, M.B., Ch.B., D.P.H.	27%	73%
BOROUGH SCHOOL MEDICAL OFFICER for Chesterfield Excepted District)—		
J. A. Stirling, D.S.C., M.B., Ch.B., D.P.H. ..	24%	76%

Staff	Proportion of whole time (expressed as a percentage) devoted to	
	School Health Service	Public Health
SCHOOL MEDICAL OFFICERS for Chesterfield Excepted District—		
H. James, L.R.C.P., L.R.C.S., L.R.F.P.S.G., D.P.H.	72%	28%
Joan M. B. Leith, M.B., Ch.B., B.A.O., D.P.H. ..	28%	72%
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CONSULTANT CHILDREN'S PSYCHIATRIST—		
D. J. Salfield, B.Sc., M.D., D.P.M. (9/11ths of Salary paid by Regional Hospital Board) .. (One vacancy).	80%	10%
EDUCATIONAL PSYCHOLOGISTS—		
J. R. Fish, B.Sc.	25%	—
Miriam S. Flint, B.A.	25%	—
Grace M. Hamer, M.A. (Chesterfield Excepted District)	50%	—
Jean Ingham, B.A. (Chesterfield Excepted District)	50%	—
Phyllis Lane, B.A. (Commenced 1/1/59).. .. (Two vacancies).	25%	—
PSYCHOTHERAPIST—		
Coral L. Tibbetts, B.Sc., Dip.Psych. (Commenced 20/10/59	90%	10%
PSYCHIATRIC SOCIAL WORKERS—		
Stella Hollingworth, B.A. (Left 30/11/59) .. (Two vacancies).	90%	10%
SOCIAL WORKERS—		
Ethel N. Ives, (Chesterfield Excepted District) .. (One-and-a-third vacancies).	50%	—
SPEECH THERAPISTS		
Edna Curry, L.C.S.T.	95%	5%
Margaret R. Marsh, L.C.S.T. (6/11ths)	50%	5%
Mary E. Smith, L.C.S.T. (4/11ths). (Left 23/7/59)	33%	3%
Sal y Go'dthorpe, L.C.S.T. (Chesterfield Excepted District). Commenced 1/9/59	100%	—
Helen Wright, L.C.S.T. (Chesterfield Excepted District). (Left 10/4/59) .. .. .. (Eight-and-a-half vacancies)	100%	—
DENTAL STAFF—		
PRINCIPAL SCHOOL DENTAL OFFICER—		
H. E. Gray, L.D.S.	90%	10%
DENTAL OFFICERS—		
G. H. Freeman (Dentist, 1921)	90%	10%
F. E. Welton, L.D.S.	90%	10%
PART-TIME DENTAL OFFICERS—		
Wilma Drury, L.D.S. (10/11ths)	80%	11%
Flora M. Jackson, L.D.S. (6/11ths)	50%	5%
Dorothy Littlar, L.D.S. (6/11ths)	50%	5%
Ilse B. Mann, L.D.S. (4/11ths) .. .. .. (7 and7/11ths vacancies).	33%	3%
Chesterfield Excepted District—		
A. R. Littlar, L.D.S. (Borough Senior Dental Officer)	91%	9%
Annie Kean, L.D.S. .. .. (One vacancy).	100%	—

At the end of 1953 we had the equivalent of 8.4 whole-time School Medical Officers; at 31.12.54 the figure was 9.3. In 1955 the County Council agreed to increase the establishment by seven Assistant Maternal and Child Welfare and School Medical Officers, in order to meet the growing needs for their services and to bring the ratio of staff up to a figure similar to the average for the country as a whole. At 31.12.55 the equivalent of 10.5 officers were engaged in school health work and at the end of 1956 the figure was 13.9. Steps were also being taken to arrange a scheme for carrying out B.C.G. vaccination of certain school children (which is designed to afford protection against tuberculosis), and the County Council therefore agreed that six additional Medical Officers be appointed (who will act as Maternal and Child Welfare as well as School Medical Officers), according to the need, to enable it to be implemented without detriment to the other schemes which have already been established. It will be seen from the foregoing schedules of staff that at the end of 1959 we had the equivalent of (approximately) 14.6 school medical officers, with five combined posts of Assistant Maternal and Child Welfare Medical Officers School Medical Officer to be filled.

Each Medical Officer now has a "Medical Officer's Attendant." This scheme was introduced to relieve Health Visitors of some of the routine tasks, and has worked very well, the Attendant helping the Doctors not only in minor nursing work but also with the clerical work.

Regular meetings of the Medical Officers (about two each term) were held.

GENERAL CONDITION OF PUPILS

The number of pupils examined at routine medical inspections totalled 33,394. For 1955 and for each subsequent year the corresponding figure has been 29,982; 27,734; 28,385; and 30,520.

In the course of examining the 33,394 children at routine inspections, 5,915 children were found who required treatment for various conditions (17.7% of those examined). However, only 445 children were classed as being in an "unsatisfactory" physical condition (1.3% of the total number examined).

The percentage found to need treatment in 1959 (17.7%) may be compared with the following figures for successive years (starting with 1953):— 18.4; 17.3; 19.5; 18.1; 16.8; 18.9. The last published figure for England and Wales (year 1957) was 14.98%.

The percentages of those whose "physical condition" has been considered to be "unsatisfactory", since this classification was introduced in 1956, are as follows:—

Year	% *"unsatisfactory"*
1956	2.72
1957	3.88
1958	2.57
1959	1.33

(The last published average for the country as a whole was 1.72% for the year 1957).

The figures for 1959 have been "broken down" into Divisional areas, and are set out below. There are variations between the areas, but it must be borne in mind that the classification is a subjective one. It is not possible to say to what extent the variations are due to the personal element which must be present when the figures are the result of examinations carried out by different medical officers.

Divisional Executive	*Physical Condition*	
	Satisfactory	*Unsatisfactory*
North-west	98.6	1.4
North-east	99.0	1.0
Mid-Derbyshire	99.5	0.5
South-east	98.6	1.4
South	98.8	1.2
Chesterfield	96.8	3.2
Whole administrative County ..	98.7	1.3

There is, of course, a wide gap between the 17.7% of children who were found to need treatment and the 1.3% regarded as "unsatisfactory". As mentioned in previous Reports, this is due to the fact that the defects recorded as requiring treatment cover a wide range, and are of varying degrees of severity. The presence of a defect does not necessarily result, therefore, in a child being regarded as of "unsatisfactory physical condition".

Vision. I have referred in previous Reports to an upward trend in the incidence of defective vision. The figures since 1947 are as follows:—

Year	*Children referred for treatment of defective vision per* 1,000 *examined (excluding "entrants")*
1947	47.8
1948	49.0
1949	66.0
1950	69.9
1951	62.9
1952	69.9
1953	87.4
1954	84.5
1955	87.2
1956	88.7
1957	90.1
1958	96.9
1959	88.3

The wide variation between figures from different Education Authorities show that there is likely to be a marked personal factor in recording of visual defects.

Figures from neighbouring authorities in 1957 are as wide apart as approximately 95 and 25 per 1,000 examinations. This problem was discussed in the Ministry of Education's publication "Health of the School Child, 1958", relating to the years 1956 and 1957.

Squint. Prior to 1952 cases of squint were recorded in about 9 or 10 out of every 1,000 children examined. Since 1952 the figures are as follows:—

1952	13.3
1953	15.9
1954	16.6
1955	16.9
1956	10.9
1957	9.8
1958	13.6
1959	16.3

Comment has been made nationally that "a greater awareness of the significance of minor ocular imbalance has led to the more frequent reference of children for treatment of squint."

Nose and Throat Defects. The rate per 1,000 of pupils thought to require treatment for nose and throat defects has varied during the past few years from 28 to 49. The figure for 1957 was only 13.32, but in 1958 it was 21.6. The figure for 1959 was 17.9. During the examinations at schools the School Medical Officers have recorded the children seen at periodic medical inspections who have undergone tonsillectomy at any time previously. The figures in Derbyshire during 1959 were as follows:—

Groups Inspected	Numbers Inspected	Numbers and percentages found to have had tonsillectomy	
		No.	%
Entrants	12,000	468	3.9
Second age group	11,551	1,636	14.2
Leavers	9,843	1,654	16.8

SANITARY INSPECTIONS IN SCHOOLS

It is customary for School Medical Officers on completing routine school medical inspections to submit to the Principal School Medical Officer a report on the school premises, including brief notes on cleanliness, heating, lighting, ventilation, water supply, washing arrangements, cloakroom facilities, sanitary arrangements, and the playground.

Matters which appear to require attention or investigation are brought to the notice of the Director of Education.

In addition, the services of the County Public Health Inspector are utilised to inspect in particular the sanitary arrangements at schools and the hygiene arrangements in school canteens. These visits are "advisory" in nature; the County Public Health Inspector gives advice on small matters directly to the teachers but more important matters are reported to the Principal School Medical Officer in the first instance, to whom, in any case, a report is submitted after each inspection. This is considered, and forwarded to the Director of Education with any necessary observations. The quality of the water supply is also investigated, and if necessary improvements are recommended. Special attention is paid to the rural schools. It should be noted however that the provision of water mains in the rural areas during the last ten years or so has resulted in wholesome water being brought to a number of schools, and as a consequence there are now very few not so connected. Work has been, and is still being, continued under the programme (which was mentioned in my Annual Report for 1954) for carrying out improvements to the sanitary arrangements where this is desirable at some of the older schools in various parts of the County.

Swimming Baths.

Although many of the schools include training for swimming in their curriculum, there is only one swimming bath in the County (outside Chesterfield Excepted District) for which the Education Authority itself is responsible; this is the open air bath at Ashbourne.

This bath is provided with a modern treatment plant. Pupils from many schools in the area use it, and the facilities have been extended to youth and similar organiastions as well as to members of the public. In 1958, the attendance figure for school children was 27,392 out of a total attendance during the season of 37,836. Such a figure serves to emphasize the value of the bath to the schools able to make use of it.

From a health point of view the standards attained at this bath are almost wholly admirable; there have been extremely few unsatisfactory samples, and then only in abnormal circumstances. The treatment plant has proved reliable and of adequate capacity. Much credit for the successful operation of the bath must go to the attendant in charge who, from the inception of the undertaking, has shown keen interest and understanding of the problems which inevitably arise from time to time.

PROVISION OF MEALS, AND THE MILK-IN-SCHOOLS SCHEME

Table "A" contains details of meals and milk provided on a day in September, 1959. In comparison with similar details for October, 1958, with almost the same number of pupils in attendance, there were increases in meals of 2% and in milk of .7%.

Training facilities for members of the Meals Service Staff have continued to be used at the Littleover Kitchen and there has been a good number of successful entrants.

The allocation of funds for kitchen and scullery modernisation has been fully spent and the programme of improvements continues.

Source and Quality of Supply to Milk under the Milk-in-Schools Scheme.

Sampling of school milk supplies was carried out by Mr. Rowley, the County Public Health Inspector. Pasteurised milks are submitted to the phosphatase test (for efficiency of pasteurisation), and raw milks to the biological test (for tubercle bacilli). Any pastuerised milk which fails to pass the phosphatase test is examined for tubercle bacilli as a matter of course. Canteen milk supplies are subjected to the same procedure.

Although there are fifty-eight suppliers of milk to schools there are only twenty-seven sources of supply, as many retailers buy their milk from the major pasteurising establishments. Nevertheless, all supplies of pasteurised milk are sampled at least yearly, whilst supplies of raw milk are sampled at least twice yearly for biological examination.

The following table combines figures of both school drinking milk and canteen milk supplies:—

	Phosphatase		Tubercle Bacilli		Total No. of samples submitted
	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	
Pasteurised ..	97	—	—	—	97
Tuberculin Tested ..	—	—	21	—	21

TABLE A

MEALS and MILK PROVIDED on a day in September, 1959

DIVISIONAL EXECUTIVE	CHILDREN PRESENT		MEALS PROVIDED				MILK PROVIDED			
	Numbers		Numbers		% of Numbers present		No. of Children		% of Numbers present	
	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.
North-west ..	7,514	5,335	3,776	3,822	50.3	71.6	7,119	3,784	96.1	70.9
North-east ..	19,493	12,441	9,351	6,709	48.0	53.9	18,559	9,033	95.2	72.6
Mid-Derbyshire	9,801	6,921	3,405	3,951	34.7	57.1	8,829	4,694	90.1	67.6
South-east ..	9,974	7,509	2,865	2,423	28.7	32.3	9,418	4,908	94.4	65.3
South	12,303	7,675	5,088	4,253	41.4	55.4	11,390	5,192	92.6	67.6
Chesterfield ..	5,635	5,940	2,412	2,856	42.8	48.1	5,247	3,796	93.1	63.9
TOTALS—Whole Administrative County	64,720	45,821	26,897	24,014	41.6	52.4	60,562	31,407	93.7	68.5

Residential staffs of boarding schools and homes; staffs of nursery schools; clerical assistants; welfare supervisors; laboratory assistants; caretakers; school meals staff (except those at central kitchens).

It is customary for the Director of Education to send a Monthly Circular to all Schools, and this medium is used to keep the matter before the staff, at the same time giving details of the facilities available for free X-ray examinations (e.g. the whereabouts from time to time of the mass radiography units).

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS

Candidates applying for entry to teachers' training colleges are required to be medically examined concerning their fitness to follow a course of teacher-training. Applicants who are school pupils are generally examined by the School Medical Officer of the area in which they live. Applicants for admission after national service, or after a course of training not taken under the Training of Teachers Regulations, or mature entrants, who have had no recent connexion with the school health service, are examined by the School Medical Officer of the area in which they reside (which will often be the area in which they attended school).

The Minister of Education has said that it is not practicable to require an X-ray examination of the chest of all entrants to training (although, of course, an X-ray will be taken if in the opinion of the examining medical officer it is desirable).

Intending entrants to the teaching profession who complete an approved course of training are examined by the College Medical Officer at the end of the course. Other entrants to service are examined by the School Medical Officer of the appointing education authority. It is a requirement of the Minister of Education that an X-ray examination of the chest is included as an essential part of all medical examinations on entry to the teaching profession.

The Derbyshire Education Authority administers a Teachers' Training College; students completing training are X-rayed and the results made available to the College Medical Officer.

During the year the following examinations were carried out by School Medical Officers:—

Entrants to Training Colleges, Departments of Universities and Approved Art Schools ..	320
Entrants to the teaching profession	128
X-ray examinations of entrants to the teaching profession and temporary teachers	150

INFESTATION WITH VERMIN

There were 231,844 examinations and re-examinations of Derbyshire school children during 1959, which revealed 3,052 individual children infested. This is just over 2% of the school enrolment, and approximately the same as for last two years. Ten years ago the Derbyshire figure was about 7%. The Health Visitors and Teachers continue to strive to bring about a reduction in this unpleasant and preventable condition. A new form of treatment for the eradication of head lice was commenced during the year, and appears to be showing good results. As the Chief Medical Officer of the Ministry has said, this is essentially a family problem, the children being infested and re-infested by adults, and "lice will be eradicated only when all families recognise that to be verminous is a cause for shame."

(The Authority's scheme for cleanliness inspections was last described in my Annual Report for 1953, and remains unchanged).

SCHOOL CLINICS

The Ministry of Education asked for a return showing the school clinic facilities as at 31st December, 1959; a copy of the information given appears below. In subsequent pages of this Report more detailed information is provided.

I. NUMBER OF SCHOOL CLINICS (*i.e.*, premises at which clinics are held for school children) provided by the Local Education Authority for the medical and or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics	29

TABLE B

Return of Minor Ailments treated at Clinics—Year ended 31st December, 1959

Clinic	When Held	Actual Number of Clinic Sessions	Children Attending Maintained Schools													
			No. of Individual Children who attended during the year							Total Number of Attendances during the year						
			Divisional Executive							Divisional Executive						
			North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total
Alfreton. Grange Street ..	Wednesday, a.m.	90	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ashbourne. St. Oswald's ..	2nd and 4th Wednesday, a.m.	19	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Belper. Field Lane ..	2nd and 4th Monday and 1st, 3rd and 5th Saturday, a.m.	30	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bolsover. Welbeck Road ..	2nd and 4th Thursday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Buxton. Bridge Street ..	Daily	152	24	–	–	–	–	–	24	42	–	–	–	–	–	42
Chesterfield. Brimington Road	2nd and 4th Friday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chesterfield Excepted District :— (*a*) Town Hall .. (*b*) Edmund Street, Newbold Moor	Daily, a.m. Monday and Thur day p.m.	342	–	–	–	–	–	381	381	–	–	–	–	–	1361	1,361
Chinley. Lower Lane ..	1st, 3rd and 5th Saturday, a.m. ..	14	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Clay Cross High Street ..	Saturday, a.m. ..	38	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Creswell Road ..	3rd Saturday, a.m.	3	–	3	–	–	–	–	3	–	6	–	–	–	–	6
Derby. Cathedral Road ..	Tuesday, p.m. and 2nd and 4th Saturday, a.m. ..	24	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dronfield. The Grange ..	Saturday, a.m. ..	14	–	10	–	–	–	–	10	–	18	–	–	–	–	18
Frecheville, Fox Lane	Saturday, a.m. ..	31	–	36	–	–	–	–	36	–	45	–	–	–	–	45
Glossop. Municipal Bldgs.	Daily, a.m. ..	230	295	–	–	–	–	–	295	1105	–	–	–	–	–	1,105
Hackenthorpe. Main Street ..	2nd and 4th Saturday, a.m.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Heanor. Wilmot Street ..	1st, 3rd and 5th Saturday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ilkeston, Albert Street	Daily, a.m. ..	96	–	–	–	114	–	–	114	–	–	–	152	–	–	152
Long Eaton. 4, Nottingham Rd.	Saturday, a.m. ..	35	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Matlock. Causeway Lane ..	Saturday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Melbourne. Penn Lane ..	Wednesday, a.m. ..	45	–	–	–	–	1	–	1	–	–	–	–	2	–	2
New Mills. High Lea Hall ..	2nd and 4th Saturday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ripley. Infants' C. School	3rd Thursday, a.m.	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Shirebrook. Cliff House ..	Wednesday, a.m. ..	35	–	21	–	–	–	–	21	–	25	–	–	–	–	25
Staveley. Lime Avenue ..	Monday a.m. and 4th Saturday, a.m.	16	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Swadlincote. Alexandra Road ..	2nd and 4th Wednesday	73	–	–	–	–	8	–	8	–	–	–	–	13	–	13
Totals	.. .. ..	1,294	319	70	–	114	9	381	893	1147	94	–	152	15	1361	2,769

provision where accepted, does not work and the clinic is conducted on the lines of general practice. This may or may not be considered to be in the best interests of the school population as a whole, but in the circumstances of acute staff shortage the result has been that a greater number of children have been made and *maintained* dentally fit than would otherwise have been the case. Those who attended for regular check-ups required relatively little treatment, one visit in most cases sufficed, which permitted a greater number of this type of patient to be dealt with and more time for those children who required much more attention.

Inspection and Treatment. Just under 25% of the school population of approximately 118,000 received inspections, 22,000 were made at periodical school inspections and 5,700 were special inspections, made at the clinics, of children who attended for urgent treatment and check-ups. At the school inspections, 17,600 were found with defects and offers of treatment given to 13,900. Acceptance varied greatly from place to place, from as low as 22% to well over 80%, but the majority of the schools returned acceptance rates of between 50% and over 70%. The poorer acceptance rates came mostly from the senior and secondary schools. Offers of treatment were not given to children who attended the family dentist and it would appear that in many instances older children had considerable influence on the parents' refusal of the offer of treatment.

Over 12,400 children were treated, several hundred fewer than in the previous year, due to some seventy fewer treatment sessions and staff illness. Nevertheless, the amount of conservative work done amounted to over 9,300 fillings, a progressive increase for the 4th year in succession. On the other hand, extraction work, while still very heavy (over 13,000 temporary and 5,574 permanent teeth were extracted), showed a decrease for the 3rd successive year. This was mainly on account of the service in a few particular areas having been steady and uninterrupted for two to three years, with the result that there were shorter intervals between periodic school inspections and follow-up treatment.

The total attendances made were only ten short of 23,000.

General anaesthetics of "gas" continued to be used on a large scale and over 5,900 administrations were given by the school medical officers. In cases where heart conditions influenced treatment, arrangements were made for the patients to have 'penicillin cover' to minimise any risk.

Miscellaneous other operations included scalings, dressings, silver nitrate treatment and root fillings totalled 4,400.

Orthodontic and Denture Work. It was reported that in 1958 there had been a marked increase in the amount of orthodontic treatment. This was maintained in 1959. Eighty-seven cases completed courses of treatment compared with sixty-two the year before and 106 special corrective appliances were made and fitted,

while at the end of the year fifty-four cases were still under treatment. Much of this specialised treatment is long and often tedious and requires no little degree of skill and knowledge on the part of the dentist and the whole-hearted co-operation of the patient and the parent.

A hundred children had dentures fitted. The majority were partial dentures to replace the loss of about half the normal complement of teeth and in one instance the child required complete upper and lower dentures.

The following table shows the particulars of the orthodontic and denture work with the figures for the previous year in brackets:—

Orthodontic	*County*	*Chesterfield Borough*	*Total*
New cases	77(105)	6(12)	83(117)
Carried over from 1958 ..	40(17)	4(4)	44(21)
Discontinued treatment ..	4(10)	2(1)	6(11)
No. treated with appliances ..	84(74)	6(7)	90(81)
Removeable appliances fitted ..	100(78)	6(7)	106(85)
Attendances	675(498)	43(49)	718(547)
Dentures.			
No. pupils fitted with artificial teeth	68(63)	32(27)	100(90)

Visual Defects.

Table 'C' shows the number of children who attended the eye clinics and the number of attendances. Treatment was provided at the Authority's eye clinics under two schemes as follows:—

(i) *Supplementary Ophthalmic Services.*

Medical Officers on the Ophthalmic List attended three clinics and were paid on a sessional basis by the Authority, which recovered from the Supplementary Ophthalmic Services Committee of the Local Executive Council a fee for each refraction carried out. Prescriptions for glasses are written on a form provided by the Supplementary Ophthalmic Services Committee and sent to the Secretary of that Committee so that arrangements may be made for the glasses to be provided.

(ii) *Hospital Eye Service.*

Eighteen of the Authority's eye clinics were conducted by Ophthalmic Consultants who have contracts with the Sheffield Regional Hospital Board. The spectacles which are prescribed are provided under arrangements made by the Hospital and Specialist Services.

School children, like other members of the community, may consult their private Doctors with a view to treatment and glasses being provided under the National Health Service. In this connection, figures have kindly been provided by the Derbyshire Executive Council relating to work performed by Ophthalmic Medical Practitioners and Ophthalmic Opticians outside the Authority's scheme.

Health Visitors are informed of the treatment prescribed for patients who attend County Eye Clinics, in order that they may be followed up and if there is any neglect in securing the treatment advised a report can be made with a view to the matter being rectified.

Sunray Clinics.

During the year, 224 children made 1,852 attendances at the sunray clinics at the Town Hall, Chesterfield, and at Brambling House Open Air School, Chesterfield; thirty-eight sessions were held.

Orthopaedic and Postural Defects.

Orthopaedic sessions, attended by Orthopaedic Surgeons employed by Regional Hospital Boards, were held at ten of the County Council's clinics. Table 'D' indicates the attendances made by school children, 544 of whom made 1,583 attendances.

TABLE C

Annual Return of work at Eye Clinics—Year ended 31st December, 1959

Eye Clinic	When Held	Actual Number of Clinic Sessions	Children Attending Maintained Schools														
			Number of Individual Children Treated							Total Number of Attendances							
			Divisional Executive							Divisional Executive							
			North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total
Alfreton. Grange Street ..	1st, 2nd, 3rd & 4th Wednesday, p.m. ..	34	–	–	427	–	–	–	427	–	–	427	–	–	–	427
Belper. Field Lane	4th Friday, a.m. ..	9	–	–	94	–	–	–	94	–	–	104	–	–	–	104
Bolsover. Welbeck Road ..	1st and 3rd Wednesday, a.m. ..	12	–	84	–	–	–	–	84	–	84	–	–	–	–	84
Buxton. Bridge Street ..	Each Monday a.m.	38	401	–	–	–	–	–	401	455	–	–	–	–	–	455
Chesterfield. Brimington Rd. ..	2nd and 4th Monday p.m. ..	12	–	157	–	–	–	–	157	–	178	–	–	–	–	178
Chesterfield Excepted District. Town Hall	Wednesday and Thursday, a.m. ..	71	–	–	–	–	–	753	753	–	–	–	–	–	1210	1,210
Clowne. Creswell Road ..	2nd and 4th Friday, a.m. ..	22	–	192	–	–	–	–	192	–	206	–	–	–	–	206
Derby. Cathedral Road ..	Each Monday, a.m.	41	–	–	–	3	490	–	493	–	–	–	3	588	–	591

Dronfield. The Grange ..	2nd and 4th Wednesday, a.m. ..	17	–	156	–	–	–	–	156	–	167	–	–	–	–	167
Frecheville. Fox Lane .. .	2nd and 4th Wednesday, a.m. ..	20	–	195	–	–	–	–	195	–	216	–	–	–	–	216
Glossop. Municipal Bldgs. ..	1st, 3rd and 5th Saturday, a.m. ..	5	52	–	–	–	–	–	52	57	–	–	–	–	–	57
Hackenthorpe. Main Street .	3rd Monday, p.m. ..	11	–	151	–	–	–	–	151	–	157	–	–	–	–	157
Heanor. Wilmot Street ..	5th Wed. p.m. and 2nd Friday, a.m. ..	14	–	–	–	140	–	–	140	–	–	–	153	–	–	153
Ilkeston. Albert Street .	1st and 3rd Friday, a.m. ..	20	–	–	–	235	–	–	235	–	–	–	271	–	–	271
Killamarsh. Sec. Mod. School .	1st and 3rd Friday, p.m.	12	–	79	–	–	–	–	79	–	87	–	–	–	–	87
Long Eaton. Grange School ..	2nd and 4th Tuesday, a.m. ..	19	–	–	–	212	–	–	212	–	–	–	257	–	–	257
Matlock. Dean Hill House, Causeway Lane ..	1st and 3rd Friday, a.m. ..	19	–	–	191	–	–	–	191	–	–	236	–	–	–	236
New Mills. High Lea Hall ..	4th Tuesday, a.m.	10	94	–	–	–	–	–	94	100	–	–	–	–	–	100
Shirebrook. Cliff House ..	1st and 3rd Friday, a.m. ..	18	–	166	–	–	–	–	166	–	191	–	–	–	–	191
Staveley. Lime Avenue ..	1st Monday, p.m. ..	10	–	111	–	–	–	–	111	–	140	–	–	–	–	140
Swadlincote. Alexandra Road .	Alternate 2nd Thursday, p.m. .. every 4th Thursday	13	–	–	–	–	159	–	159	–	–	–	–	199	–	199
Totals	.. .. ..	427	547	1291	712	590	649	753	4,542	612	1426	767	684	787	1210	5,486

TABLE D

Annual Return of Orthopaedic Work—Year ended 31st December, 1959

Orthopaedic Clinic	When Held	Actual Number of Clinic Sessions	Children Attending Maintained Schools													
			Number of Individual Children who attended during the year							Total Number of Attendances during the year						
			Divisional Executive						Total	Divisional Executive						Total
			North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield		North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	
Alfreton. Grange Street ..	Thursday, a.m. and p.m.	45	–	13	44	–	–	–	57	–	42	155	–	–	–	197
Buxton. Bridge Street ..	4th Friday, alt. months	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Derby. Cathedral Road ..	Thursday, a.m. and p.m.	56	–	–	–	–	150	–	150	–	–	–	–	387	–	387
Glossop. Municipal Buildings	2nd and 4th Tuesday, a.m. and p.m.	32	49	–	–	–	–	–	49	94	–	–	–	–	–	94

Heanor. Wilmot Street ..	Friday, p.m. ..	22	–	–	–	28	–	–	28	–	–	–	98	–	–	98
Ilkeston. Albert Street ..	Wednesday, a.m. and p.m.	58	–	–	–	86	–	–	86	–	–	–	269	–	–	269
Long Eaton. 4, Nottingham Rd.	Friday, a.m.	22	–	–	–	34	–	–	34	–	–	–	147	–	–	147
Matlock. Dean Hill House, Causeway Lane ..	Tuesday, a.m. and p.m.	45	5	–	36	–	5	–	46	21	–	107	–	7	–	135
New Mills. High Lea Hall ..	2nd and 4th Monday a.m. and p.m.	42	22	–	–	–	–	–	22	31	–	–	–	–	–	31
Swadlincote. Alexandra Road ..	1st and 3rd Tuesday, a.m. and p.m.	48	–	–	–	–	72	–	72	–	–	–	–	225	–	225
Totals	.. .. ..	370	76	13	80	148	227	–	544	146	42	262	514	619	–	1,583

HANDICAPPED PUPILS

The Handicapped Pupils and Special Schools Regulations, 1959.

As a consequence of the passing of the Local Government Act, 1958, the Minister of Education has made new Regulations—*The Handicapped Pupils and Special Schools Regulations*, 1959—which replace the *School Health Service and Handicapped Pupils Regulations*, 1953. The old Regulations defined the categories of pupils requiring special educational treatment and prescribed the requirements to be observed in respect of special schools. No alteration of substance has been made. The categories of "handicapped pupils" requiring special educational treatment are now defined as follows:—

(*a*) *blind pupils*, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight;

(*b*) *partially sighted pupils*, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight;

(*c*) *deaf pupils*, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language;

(*d*) *partially deaf pupils*, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils;

(*e*) *educationally sub-normal pupils*, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools;

(*f*) *epileptic pupils*, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils;

(*g*) *maladjusted pupils*, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment;

(*h*) *physically handicapped pupils*, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools;

(*i*) *pupils suffering from speech defect*, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment; and

(*j*) *delicate pupils*, that is to say, pupils not falling under any other category in this regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools."

The Medical Examinations (Sub-normal Children) Regulations, 1959.

These Regulations prescribe the qualifications required of medical officers undertaking the examination of pupils to ascertain whether they need attention in a special school for educationally subnormal pupils, or whether they are suffering from such a disability of mind as to make them unsuitable for education at school. They replace a provision contained in regulation 11 of the *School Health Service and Handicapped Pupils Regulations*, 1953, which required the Minister of Education to give his approval to the employment of each individual officer. Although the Minister's approval is no longer a requirement, it is prescribed that medical examinations for the foregoing purposes shall be conducted by a duly qualified medical practitioner possessing one of the following special qualifications:—

"(*a*) *he shall be a practitioner whose employment was approved by the Minister under regulation* 11 *of the School Health Service and Handicapped Pupils Regulations*, 1953(b); *or*

(*b*) *he shall be a psychiatrist working in a child guidance clinic; or*

(*c*) *he shall—*

(i) *have assisted for a period of at least six months in the conduct of medical examinations of the kind to which these regulations apply by a practitioner entitled to conduct them under these regulations; and*

(ii) *he shall have attended, at one of the following universities namely, Durham, Glasgow, Leeds, London or the Queen's Universities, Belfast, the post-graduate course of instruction in the ascertainment and treatment of children suffering from the disabilities described in regulation 2, or some equivalent course approved by the Minister for the purpose of these regulations.*"

HANDICAPPED PUPILS

The following is a copy of a return made to the Ministry of Education relating to Handicapped Children for the Whole Administrative County—Year 1959.

Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)—(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year :—										
A. Handicapped pupils newly placed in Special Schools or Boarding Homes ..	4	4	10	1	46	8	183	49	4	309
B. Handicapped pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	3	9	13	5	49	20	255	51	4	409
On or about 22nd January, 1960 :—										
C. (i) Number of Handicapped Pupils on the registers of special schools :										
1. Maintained :										
(*a*) Day Pupils ..	–	3	9	1	78	7	262	56	–	416
(*b*) Boarding Pupils ..	9	10	9	6	9	20	83	1	2	149
2. Non-maintained :										
(*a*) Day Pupils ..	–	–	7	1	–	–	–	–	–	8
(*b*) Boarding Pupils ..	6	2	46	3	23	6	5	–	10	101
(ii) On the registers of Independent Schools under arrangements made by the Authority	–	–	–	–	1	7	22	10	–	40
(iii) boarded in Homes and not already included under (i) or (ii) ..	–	–	–	–	1	–	–	27	–	28
Total (C)	15	15	71	11	112	40	372	94	12	742
On or about 22nd January, 1960 :—										
D. Number of Handicapped Pupils receiving education under Section 56 of the Education Act, 1944:—										
(i) In hospitals	–	–	–	–	41	–	–	–	–	41
(ii) In other groups ..	–	–	–	–	–	–	–	–	–	–
(iii) At home	–	2	–	–	–	30	4	–	1	37
On or about 22nd January, 1960 :—										
E. Number of Handicapped Pupils who were requiring places in special schools—										
(i) Total—										
(*a*) Day	–	–	1	–	–	2	109	–	–	112
(*b*) Boarding	4	9	6	5	11	15	58	2	1	111

Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)—(9)
Included in the above totals :—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(ii) Handicapped Pupils who had not reached the age of five—										
(*a*) awaiting day places	–	–	–	–	–	1	–	–	–	–
(*b*) awaiting boarding places	–	–	2	1	–	2	–	–	–	5
(iii) Handicapped Pupils who had reached the age of five but whose parents had refused to give consent to their admission to a special school :—										
(*a*) awaiting day places	–	–	–	–	–	–	10	–	–	10
(*b*) awaiting boarding places	2	1	–	–	–	–	4	–	–	7

The number of pupils on the registers of Hospital Special Schools on or about 22nd January, 1960 was 48.

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

The following is an analysis of the preceding Table in Divisional Executive Areas :

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
North-west	A	–	–	–	–	3	–	3	4	–	10
	B	1	1	1	1	3	2	11	4	–	24
	C (i) (1) (*a*) ..	–	–	–	–	–	1	2	1	–	4
	C (i) (1) (*b*) ..	2	–	2	1	–	1	11	–	1	18
	C (i) (2) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	C (i) (2) (*b*) ..	1	1	2	–	6	–	1	–	1	12
	C (ii)	–	–	–	–	1	2	4	3	–	10
	C (iii) ..	–	–	–	–	–	–	–	3	–	3
	Total (C) ..	3	1	4	1	7	4	18	7	2	47
	D (i)	–	–	–	–	–	–	–	–	–	–
	D (ii)	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	–	–	–	–	6	2	–	–	8
	E (i) (*a*) ..	–	–	–	–	–	1	4	–	–	5
	E (i) (*b*) ..	1	1	1	1	2	2	11	–	–	19
	E (ii) (*a*) ..	–	–	–	–	–	1	–	–	–	1
	E (ii) (*b*) ..	–	–	1	–	–	–	–	–	–	1
	E (iii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (iii) (*b*) ..	–	–	–	–	–	–	–	–	–	–
North-east	A	3	1	5	1	14	–	101	10	3	138
	B	2	3	5	2	15	1	131	11	3	173

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
North-east	C (i) (1) (*a*) ..	–	2	5	–	8	4	104	5	–	128
	C (i) (1) (*b*) ..	5	3	6	1	7	5	19	–	–	46
	C (i) (2) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	C (i) (2) (*b*) ..	2	–	22	2	9	2	1	–	4	42
	C (ii)	–	–	–	–	–	–	4	–	–	4
	C (iii) ..	–	–	–	–	–	–	–	11	–	10
	Total (C) ..	7	5	33	3	24	11	128	16	4	231
	D (i)	–	–	–	–	12	–	–	–	–	12
	D (ii)	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	–	–	–	–	10	1	–	–	11
	E (i) (*a*) ..	–	–	1	–	–	1	57	–	–	59
	E (i) (*b*) ..	1	2	1	2	6	2	9	1	1	25
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	1	–	–	–	–	–	–	1
	E (iii) (*a*) ..	–	–	–	–	–	–	10	–	–	10
	E (iii) (*b*) ..	1	1	–	–	–	–	–	–	–	2
Mid-Derbyshire	A	–	1	3	–	1	2	5	1	1	14
	B	–	1	4	–	–	3	12	1	1	22
	C (i) (1) (*a*) ..	–	–	1	–	–	–	20	–	–	21
	C (i) (1) (*b*) ..	–	2	1	–	–	5	26	–	–	34
	C (i) (2) (*a*) ..	–	–	–	1	–	–	–	–	–	1
	C (i) (2) (*b*) ..	1	–	10	–	3	–	1	–	1	16
	C (ii)	–	–	–	–	–	2	5	2	–	9
	C (iii) ..	–	–	–	–	–	–	–	3	–	3
	Total (C) ..	1	2	12	1	3	7	52	5	1	84
	D (i)	–	–	–	–	–	–	–	–	–	–
	D (ii)	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	–	–	–	–	2	–	–	–	2
	E (i) (*a*) ..	–	–	–	–	–	–	8	–	–	8
	E (i) (*b*) ..	2	–	2	–	–	2	15	–	–	21
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	–	–	–	1	–	–	–	1
	E (iii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (iii) (*b*) ..	1	–	–	–	–	–	4	–	–	5
South-east	A	–	–	1	–	2	4	11	4	–	22
	B	–	1	2	–	3	6	21	5	–	38
	C (i) (1) (*a*) ..	–	–	2	1	1	1	61	–	–	66
	C (i) (1) (*b*) ..	–	2	–	–	–	1	11	–	–	14
	C (i) (2) (*a*) ..	–	–	2	–	–	–	–	–	–	2
	C (i) (2) (*b*) ..	1	–	1	–	2	3	–	–	1	8
	C (ii)	–	–	–	–	–	–	–	1	–	1
	C (iii) ..	–	–	–	–	–	–	–	6	–	6
	Total (C) ..	1	2	5	1	3	5	72	7	1	97

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
South-east	D (i)	–	–	–	–	10	–	–	–	–	10
	D (ii)	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	–	–	–	–	2	–	–	1	3
	E (i) (*a*) ..	–	–	–	–	–	–	26	–	–	26
	E (i) (*b*) ..	–	4	2	–	1	3	2	1	–	13
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	–	–	–	–	–	–	–	–
	E (iii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (iii) (*b*) ..	–	–	–	–	–	–	–	–	–	–
South	A	–	2	1	–	9	1	14	6	–	33
	B	–	3	1	2	11	5	29	6	–	57
	C (i) (1) (*a*) ..	–	1	1	–	3	1	27	–	–	33
	C (i) (1) (*b*) ..	1	3	–	3	2	6	15	1	–	31
	C (i) (2) (*a*) ..	–	–	5	–	–	–	–	–	–	5
	C (i) (2) (*b*) ..	1	–	9	1	3	1	1	–	–	16
	C (ii)	–	–	–	–	–	3	3	3	–	9
	C (iii) ..	–	–	–	–	1	–	–	4	–	5
	Total (C) ..	2	4	15	4	9	11	46	8	–	99
	D (i)	–	–	–	–	17	–	–	–	–	17
	D (ii)	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	–	–	–	–	9	1	–	–	10
	E (i) (*a*) ..	–	–	–	–	–	–	11	–	–	11
	E (i) (*b*) ..	–	1	–	2	2	4	20	–	1	30
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	–	1	–	1	–	–	–	2
	E (iii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (iii) (*b*) ..	–	–	–	–	–	–	–	–	–	–
Chesterfield	A	1	–	–	–	17	1	49	24	–	92
	B	–	–	–	–	17	3	51	24	–	95
	C (i) (1) (*a*) ..	–	–	–	–	66	–	48	50	–	164
	C (i) (1) (*b*) ..	1	–	–	1	–	2	1	–	1	6
	C (i) (2) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	C (i) (2) (*b*) ..	–	1	2	–	–	–	1	–	3	7
	C (ii)	–	–	–	–	–	–	6	1	–	7
	C (iii) ..	–	–	–	–	–	–	–	–	–	–
	Total (C) ..	1	1	2	1	66	2	56	51	4	184
	D (i)	–	–	–	–	2	–	–	–	–	2
	D (ii)	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	2	–	–	–	1	–	–	–	3
	E (i) (*a*) ..	–	–	–	–	–	–	3	–	–	3
	E (i) (*b*) ..	–	1	–	–	–	2	–	–	–	3
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	–	–	–	–	–	–	–	–
	E (iii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (iii) (*b*) ..	–	–	–	–	–	–	–	–	–	–

For the purpose of comparison the main figures for 1958 and 1959 are set out below:—

		1958		1959	
A.	Handicapped Pupils newly placed ..	139		309	
B.	Handicapped Pupils newly assessed as requiring education at Special Schools	167		409	
C.	(i) (*a*) Attending Special Day Schools	232		424	
	(*b*) Attending Special Boarding Schools	264		250	
	(ii) Attending Independent Schools	39		40	
	(iii) Boarded in Homes	11		28	
D.	Education under Section 56—hospitals	15		41	
	Education under Section 56—home tuition	50		37	
E.	Awaiting admission—day schools ..	164	254	112	223
	Awaiting admission—boarding schools	90		111	

I am indebted to Mr. J. L. Longland, the Director of Education, for the following comments on the figures relating to Handicapped Pupils:—

"The number of handicapped children placed in special schools during the year was 309 compared with 139 last year so that the number of children in day special schools has increased by 192. This is largely attributable to the opening of the Ashgate Croft School, Chesterfield which now has 151 educationally sub-normal pupils.

But 409 children were newly assessed as needing special education so that the net effect has been to reduce the waiting lists by only thirty. This is attributable to the continuing expansion of the service—particularly for educationally sub-normal children. The waiting list does not represent the total demand; many more children remain to be assessed. By the end of the year however work was in hand to provide 200 more places in special schools for educationally sub-normal children. These extra places should with the 340 places already provided, meet the demand as far as this handicap is concerned.

The provision for all other handicaps may be regarded as satisfactory. The waiting list represents the size of the 'turn-over' of cases and no one child is kept waiting very long for a suitable place although there is occasional difficulty with partially sighted children and the few very distressing cases of multiple handicaps."

Special Reports.

(1) *Overseal Manor (E.S.N. Boys') Special Residential School.*— The following report has been provided by Dr. Malcolm Allan who regularly visits this school:—

"The school was inspected each term and at other necessary times. From observations, the children improve mentally and physically, and the whole atmosphere of the school is delightful."

(2) *John Duncan (E.S.N. Girls) Special Residential School.*—Dr. Kuttner has commented as follows:—

"The school is visited regu ar y throughout the year. The atmosphere there is happy and harmonious, the work of the teaching staff and Matron is carried out with efficiency and very gratifying resu ts. It seems to me an excel'ent further development that the school will now begin to admit day pupils of both sexes, a step which will answer a great need."

(3) *Talbot House, Glossop.*—Dr. M. Sutcliffe, the School Medical Officer who maintains regular and frequent contact with this School for children suffering from cerebral palsy, has reported as follows:—

"Talbot House Special School has been visited frequently and two routine medical inspections have been carried out in 1959.

A few children suffered from laryngitis, coughs and colds in March, April, September and October. During the two latter months there was an outbreak of chickenpox which affected seven of the nineteen resident children and one of the two day pupils. There were no untoward complications . . . The children are well-cared for, cheerful and happy, and appear to enjoy every moment."

Miss Curry, the Speech Therapist, has made the following comments:—

"During 1959 the demand for Speech Therapy at Talbot House has gradually diminished and the number of sessions correspondingly reduced to 7/20. Children with milder speech defects are now able to overcome them and although minor individualisms are sometimes apparent, they do not unduly affect the child's intelligibility. By September only three of these were having occasional regular treatment. Of the remaining five receiving treatment, two have serious speech defects which fortunately are matched by the children's willingness to try to overcome them. Another child does not seem to realise his speech disability and even the use of a tape recorder does not fully convince him how indistinct his speech is during conversation. Until he is able to accept this, although he may be able to speak clearly, he will not make the effort required in doing so habitually. The other two children have worked well and should soon be able to manage satisfactorily without attending speech therapy sessions, provided they have the patient help of others. Throughout the year, the co-operation of those receiving speech therapy has been most encouraging."

(4) *Stretton House Hostel.*—Dr. Nettleship has made the following observations:—

"All the boys coming to this hostel settle down within a week or two despite occasional initial disturbances. They become less withdrawn and seem really to enjoy the many opportunities for outdoor pursuits that the hostel offers. 1959 was rather a poor year for physical health, however: there was one case of osteomyelitis, one of erysipelas, one case of pneumonia and one of otitis media. All the boys had influenza in March 1959; one child, who arrived very deaf and exceedingly withdrawn was much improved by a tonsillectomy during the year. All the boys have received poliomyelitis vaccination."

Cardiac Register

During 1957, a Medical Officer of the Ministry of Education suggested that in order to obtain a record of the incidence of cardiac defects over a number of years, a "cardiac register" should be established by the Authorities in the North Midlands Division, which is ideally suited to this purpose geographically because four of the counties have a hospital centre in the County Town which is in each instance the only County Borough, to which centres cardiac cases would naturally be referred for a consultant's opinion. If all the Authorities agreed to participate the investigation would cover some 550,000 school children and in size alone should be of major importance.

The investigation consists of the observation of organic heart disease (rheumatic and congenital) and should give useful evidence relating to the alleged decline of rheumatic heart disease and provide a pool of knowledge in regard to congenital heart disease which should prove useful as further developments appear in cardiac surgery. If a School Medical Officer discovers abnormal cardiac physical signs during his examination of a pupil he may decide that the signs are "innocent," in which case no further action is called for. He may, on the other hand, decide that the signs merit further investigation. In the majority of cases such children will ultimately obtain the opinion of a cardiologist or paediatrician as to the probable diagnosis. Where this opinion favours an organic cause (it cannot always be definite) the child's name is to be included in the cardiac register. Such children are to be subject to at least an annual special medical examination.

The Ministry feels that as regards rheumatic heart disease this investigation will afford an opportunity for studying the general incidence, relapse rate, ultimate state on school leaving, and the relationship of relapses to school streptococcal infections. As regards congenital heart disease, besides the usual data to be expected from a survey, there is the relationship to maternal infections, and their epidemiological features. An assessment will be made of the child on leaving school and the information will of course be useful in giving any necessary advice in relation to future employment.

At the end of 1959 there were thirty-seven children on this register, the diagnoses being as follows:—

1.	Patent ductus—ligated	3
	Mitral stenosis	1
2.	Pulmonary stenosis	1
3.	Pulmonary stenosis with ventricular septal defect	1
4.	Pulmonary stenosis with atrial septal defect	1
5.	Interventricular septal defect	8
6.	Atrial defect	1
	Patent Foramen ovale	1
7.	Interventricular septal defect with partial bundle branch block	1
8.	Co-arctation of aorta	1
9.	Fallot's tetralogy	1
10.	Mitral incompetence	1
	Rheumatic infection	1
	Others	15

Of the above thirty-seven children, thirty-six were attending ordinary schools, and one was receiving home tuition.

Cases reported to Local Health Authority.

During the year the following numbers of pupils were reported by the Education Authority to the Local Health Authority, as being ineducable (section 57 (3), Education Act, 1944), and as requiring supervision after leaving school, by reason of a disability of mind (section 57 (5), Education Act, 1944):—

Divisional Executive	Under section 57 (3) of the Education Act, 1944		Under section 57 (5) of the Education Act, 1944	
	Boys	Girls	Boys	Girls
North-west	1	1	1	3
North-east	4	7	4	3
Mid-Derbyshire	1	3	—	1
South-east	5	5	7	5
South	5	8	—	1
Chesterfield	3	3	2	1
Totals ..	19	27	14	14

Maladjusted Pupils

In March, 1959, the Ministry of Education issued Circulars 347 and 348 concerning "Child Guidance" and "Special Educational Treatment for Maladjusted Children" respectively, and the Ministry of Health issued Circular 3/59 as well as a memorandum to hospital authorities on the subject of child guidance.

The circulars referred to the Report of the Committee on Maladjusted Children which was published in November, 1955 (the "Underwood Report") which contained a number of recommendations on Child Guidance and devoted four chapters to special educational treatment. The object of Circular 347 was "to lay a sound basis for the present organisation of the service and for the planning of future developments as and when it is possible for them to take place." In Circular 348 particular attention was directed to the following passage from the introduction to the Underwood Report:—

> "We recommend a number of measures, but we should like to emphasize that the making of formal recommendations which can be summarised in a few pages is not our main purpose. It has seemed to us more important to suggest throughout all we say, some of the attitudes of mind required for the prevention and treatment of maladjustment."

The Special Services Sub-Committee of the Education Committee, and the Joint Medical Services Sub-Committee (which consists of representatives of the Education Committee and the County Health Committee) gave careful consideration to a very full report by the Director of Education and the Principal School Medical Officer on the matters dealt with in the above mentioned Circulars. It was gratifying to note that the Authority were already carrying out or had made plans to carry out the recommendations made concerning child guidance.

During the year now being reviewed, our establishment authorised the appointment of a whole-time and a part-time Children's Psychiatrist, a Psychotherapist, four Psychiatric Social Workers, and seven Educational Psychologists. The last mentioned Officers serve part-time in the Child Guidance Service and the remainder in the Schools Psychological Service, the aggregate amount of time allocated to the Child Guidance Service being approximately equal to 2¼ whole-time staff.

Throughout the year Dr. D. J. Salfield was the Consultant Children's Psychiatrist in the part of the administrative County which lies in the area of the Sheffield Regional Hospital Board, his appointment having been made by the Board in consultation with the County Council; Dr. Salfield devotes most of his time to the treatment of maladjusted children. (During 1959 there was no similar arrangement covering the part of Derbyshire which lies within the area of the Manchester Regional Hospital Board, although negotiations have taken place as a result of which it is hoped it may be possible to remedy this deficiency during the next few months. In the meantime, children needing child guidance are referred to the Children's Psychiatrist for that Region to see if treatment can be arranged).

For many years it has proved impossible to secure the services of an adequate number of Psychiatric Social Workers. During 1959 we had the services of one qualified officer, as well as a Social Worker (half-time) at Chesterfield. The former, however, left on 30th November, 1959, and at the time of drafting this Report it has not been possible for her to be replaced.

On the other hand, it is pleasing to report that on the 20th October Miss Coral Tibbetts took up duty as a Psychotherapist.

We were also fortunate regarding Educational Psychologists, having the services of five Officers throughout the year; and appointments have been made to fill the two vacancies from 1st April, 1960.

Dr. Salfield has kindly provided the following report:—

"The scope and extent of Child Guidance Work has been maintained and the number of patients has increased.

The Authority's hostels and Special Schools have been visited as before and regular and increasing use has been made of the Bretby Recovery Unit which is attached to the Children's Hospital, for the investigation of problem cases.

It seems to be inevitable that the staffing position changes from time to time. We have lost our Psychiatric Social Worker and it seems difficult to replace her. On the credit side a non-medical Psychotherapist, Miss C. L. Tibbetts, B.Sc., Dip. Psych., has taken up work and the appointment of a second psychiatrist is imminent so that, psychiatrically, the care of the county will be more complete and the Buxton area, which up to now has fared badly from that point of view, will be properly served and more psychiatric time will be available in all clinics. The north-eastern (Hackenthorpe, Clowne) area of the county will also benefit considerably and it is hoped that some, as yet, fallow areas from the child psychiatric point of view, such as the southern part of the county and the Ashbourne area, will receive better service.

Close co-operation of the members of the clinic staff has continued and periodic meetings of all the Child Guidance Staff of the county have been arranged and also regular if infrequent meetings with the paediatricians in the area.

It is hoped in the coming year to interest even more than before, School Medical Officers in our specialised work. On the whole, co-operation between the Child Guidance Service and other services such as the Probation Service, Children's Officer's department etc. has been well maintained.

We continue to enjoy the interest and furtherance of the Principal School Medical Officer and his staff for which we are particularly grateful and of whose value we are very much aware."

Statistical Information (excluding work done at Brambling House, Chesterfield)—

CHILD GUIDANCE WORK	Divisional Executive					Totals
	North-west	North-east	Mid Derby-shire	South-east	South	
(1) Cases Closed during 1959 :—						
(i) Adjusted	1	2	5	3	4	15
(ii) Improving	–	1	2	8	2	13
(iii) Unadjusted	–	–	1	–	–	1
(iv) Miscellaneous	–	1	–	–	1	2
(v) Diagnostic and advice only	–	1	1	–	1	3
Totals	1	5	9	11	8	34
(2) Cases having regular Interviews for Psychiatric Treatment, Play-Therapy, or Remedial Teaching :—						
Psychiatrist—						
(i) Making satisfactory progress	–	3	2	2	3	10
(ii) Some improvement ..	–	2	1	2	1	6
(iii) No improvement	–	1	1	4	2	8
Totals	–	6	4	8	6	24
(3) Cases having only Occasional Interviews, or under Supervision :—						
(i) Making satisfactory progress	–	7	3	2	8	20
(ii) Some improvement ..	–	2	1	5	5	13
(iii) No improvement	–	3	6	8	7	24
(iv) Diagnostic and Other ..	3	3	11	7	13	37
Totals	3	15	21	22	33	94
(4) Cases Recently Opened ..	–	5	–	1	3	9
(5) SUMMARY :—						
(i) Number of "current cases"	12	50	65	82	96	305
(ii) Number of "closed cases"	1	4	9	10	7	31
Total Number of Cases dealt with during 1959 ..	13	54	74	92	103	336
(6) Number of Cases on Waiting List for first interview as at 31st December, 1959 ..	–	–	2	5	2	9

CHILD GUIDANCE WORK	Divisional Executive					Totals
	North-west	North-east	Mid-Derby-shire	South-east	South	
(7) Psychiatrist's Interviews with Patients	4	31	52	49	71	207
Psychiatrist's Interviews with Parents	4	37	78	57	97	273
Psychiatrists' Visits :—						
(i) to Schools	–	–	–	–	–	–
(ii) to Homes	–	–	–	–	–	–
(iii) to Institutions	1	–	21	–	15	37
Total number of siblings of patients seen	–	–	–	–	–	–
Number of Interviews with Probation Officers, Social Workers, etc.	–	–	–	–	–	–
Number of Reports to Magistrates	1	–	5	–	–	6
(8) Educational Psychologists' Visits :—						
(i) to Schools	35	3	86	8	13	145
(ii) to Homes	50	5	63	18	25	161
Number of Child Guidance Cases tested	45	5	43	12	76	181
(9) Psychiatric Social Worker :—						
(i) No. of home Visits ..	1	97	50	60	71	280
(ii) No. of clinical interviews..	–	23	40	14	50	127

The following Table indicates the sources from which patients were referred to the Child Guidance Service during the year :—

School Medical Officer	37
Private Doctors	27
Hospitals	8
Teachers	19
Courts and or Probation Officers	3
Others	16

Speech Therapy.

The establishment permits the employment of eleven Speech Therapists (including one in Chesterfield Excepted District and one mainly at Talbot House Special School). I referred in my last Annual Report to a general shortage of Speech Therapists, when it was noted that at the beginning of 1958 we had the services of six whole- and two part-time Officers, but at the end of that year the numbers were only two whole- and two part-time Officers. It proved possible to recruit one Speech Therapist during 1959; but due to further resignations, at the end of the year we were reduced to two whole-time Officers and one who worked three days a week. (One of the whole-time Officers has, however, resigned to be married and leaves on 30th March, 1960). It may be recalled that in October, 1958, the Principal Medical Officer of the Ministry of Education wrote to Principal School Medical Officers seeking information about vacancies for Speech Therapists because a number of Authorities were unable to recruit them. He pointed out that there was no shortage of suitable candidates for training and that the training schools are always full, and added ". . . There is obviously a very high wastage. It looks as if many women are lost through marriage, either before or after starting professional work." There was some hope, however, that if the current rate of expansion continued, the national shortage might be made good in about four years.

At the time of writing this Report the only Speech Therapy Clinics in operation are at Derby on three days a week and a whole-time clinic in Chesterfield Excepted District.

The following reports have been received:—

Miss Curry:—

"During 1959 the Speech Therapy Service has continued at Glossop and New Mills and has been expanded to include a clinic and school at Buxton on the 2nd and 4th Thursdays.

The two Wednesday sessions now spent each week at New Mills enable treatment to be carried out without the overcrowding which previously existed. This has led to good results of treatment being achieved more speedily and in an increased number of cases. All patients referred for treatment have received appointments, but unfortunately these are not always followed by attendance and, after repeated appointments over the years, some cases have now been listed as discontinued. This observation also applies to Glossop clinic.

At Glossop work has been eased by an extra session on the 1st, 3rd and 5th Thursdays made possible by the decrease in the demand for speech therapy at Talbot House. Thus 6 20 sessions are devoted to the clinic and a waiting list is almost non-existent. Attendances at the clinics have been good on the whole except during school holidays, in particular the summer holidays.

These reports and figures cover the course of speech therapy as far as September when treatment was curtailed by the sudden illness

of the Speech Therapist. However, this period of four months without a therapist should not be altogether a disadvantage, as the majority of patients have ample material at their disposal for home practice and should have been able to persevere with this and assimilate it into their everyday behaviour, especially if they have been helped and encouraged by other members of the family—a factor which cannot be over-emphasised in obtaining favourable results.

It is the attitude of those in regular contact with the child—family, teachers and medical staff—which in many cases affects his response to the guidance provided by the Speech Therapist, and fortunately, in the majority of cases, we have this co-operation."

Mrs. Marsh:

"Clinics have been conducted at the Cathedral Road Clinic on Tuesdays, Wednesdays and Thursdays throughout the year. The results of treatment, particularly in the case of articulatory disorders, have been encouraging. Of thirty-six cases discharged during the year only two were discontinued without any improvement in their condition, compared with thirteen last year. One of these children failed to attend and the other was found to be already in the care of another specialist.

During the year the waiting list has risen from nineteen to thirty-nine, and now exceeds the annual intake for this Clinic. Severe cases are being referred from other areas, where at present there is no Speech Therapist in attendance, and as in general the time taken in treatment is prolonged by the severity of the disorder, there has been a slight drop in the number of new patients admitted. An effort, however, is being made to review waiting list cases from time to time so that advice can be given to the parents on how to proceed until treatment can be commenced."

SPEECH THERAPY	Divisional Executive			
	North-west	Mid.	South-east	South
(1) Number of Patients who received Treatment during the year :—				
New Cases—				
Stammerers	8	–	–	–
Articulation Defects ..	30	–	1	17
Other Speech Disorders ..	–	1	1	1
Old Cases—				
Stammerers	11	–	1	5
Articulation Defects ..	37	4	1	48
Other Speech Disorders ..	6	1	–	4
Total Number of Individual Patients	92	6	4	75
Total Attendances for Treatment	611	101	90	838
(2) Results of Treatment of Cases seen during 1959 :—				
Cases Closed :—				
Stammerers—				
Cured	–	–	1	–
Improved	4	–	–	1
Not improved	–	–	–	–
Discontinued for various reasons	–	–	–	1
Articulation Defects—				
Cured	19	1	–	25
Improved	1	–	–	3
Not improved	1	–	–	–
Discontinued for various reasons	5	–	–	–
Other Speech Disorders—				
Cured	1	–	–	1
Improved	–	2	–	–
Not improved	–	–	–	–
Discontinued for various reasons	1	–	–	1
Total number of Cases Closed	32	3	1	32
Cases Still Under Treatment—				
Stammerers	16	–	1	7
Articulation Defects ..	33	3	2	38
Other Speech Disorders ..	2	1	1	6
Cases seen once for initial examination and advice only.. ..	25	4	5	30
Total Number of Cases already seen, Carried Forward to 1960	76	8	9	81

SPEECH THERAPY	Divisional Executive			
	North-west	Mid	South-east	South
(3) Number of Patients Waiting to be seen for the first time, as at 31st December, 1959 . .	4	–	3	2
(4) Visits :—				
To Schools . . .	21	–	–	1
To Homes	–	–	–	–
(5) Number of Interviews with Parents	45	19	13	165
(6) Total Number of Sessions conducted at Clinics	153	–	–	278

HEALTH EDUCATION

Health Education advanced during the year; many talks were given, and film strips and films shewn by the Health Visitors in the schools. The very necessary teaching of the individual child during routine hygiene inspections continued. We are grateful to the Head teachers of the schools for their co-operation. A great disappointment was the poor response to the film and talk on "Relationship between smoking and cancer of the lung." Only one school had it in 1959.

"In-service" training on Health Education of members of the staff was organised by the Deputy Superintendent Health Visitor as a regular series. These classes were run in small groups at which all the techniques of visual presentation were taught. All the Health Visitors and School Nurses have taken part and many of the Medical Officers joined at their own request.

MEDICAL EXAMINATIONS OF CHILDREN FOR EMPLOYMENT

During the year the School Medical Officers examined 484 pupils desiring to undertake part-time employment. Certificates of fitness were given in 480 instances, and in only four cases was it decided that the suggested employment would be prejudicial to the health or physical development of the children.

PREVENTIVE INOCULATIONS

Details are given in my Annual Report as County Medical Officer of Health of various schemes for providing preventive inoculations against several diseases. These schemes come under the jurisdiction of the County Health Committee, as part of the services available under the National Health Service Act. However, since school children derive much benefit from them it is fitting to refer briefly to them here, particularly as the help and co-operation of Teachers is of great value to this aspect of the health services.

The arrangements for providing the inoculations continue on the lines which have been outlined in earlier Reports. The conditions against which protection is offered are as follows:— diphtheria, poliomyelitis, smallpox, tetanus, tuberculosis and whooping cough.

The numbers of children between five and fifteen years of age who were immunised against diphtheria, smallpox, tetanus or whooping cough were as follows:—

	Primary Immunisations	*"Booster" Doses*
Diphtheria only	940	2,252
Combined diphtheria, tetanus and whooping cough	150	306
Combined diphtheria and pertussis ..	40	83
Combined diphtheria and tetanus ..	21	15
Whooping Cough only	31	21
Combined pertussis-tetanus	8	—
Tetanus only	30	1
Smallpox	143	46

The polio' vaccination programme was introduced in this country in 1956, when vaccination was offered to children born between 1947 and 1954 inclusive, two injections being given. During 1959 the scheme provided for three injections being given to each patient, and the inoculations were available for children and young persons between the ages of six months and twenty-six years, expectant mothers, and a few special groups. During 1959 a total of 103,820 Derbyshire patients were given two injections, and 76,558 received their third injections. From the inception of the scheme up to 31st December, 1959, the total number in this County who had received two injections was 170,051 and 76,941 had received three injections.

Bearing in mind advice which had been given by the Ministry of Health, the County Health Committee agreed towards the end of 1956 to introduce a gradually expanding scheme for vaccinating children against tuberculosis (B.C.G. vaccination), between their thirteenth and fourteenth birthdays, as the necessary trained staff and equipment became available.

However, the Minister of Health issued Circular 7/59 dated 30th April, 1959, indicating that he was prepared to approve an extension of the arrangements as follows:—

(i) to children of fourteen years of age and upwards still at school, and students attending universities, teacher training colleges, technical colleges or other establishments of further education; and

(ii) it having been represented that it would be convenient if vaccination could be offered to whole school classes even though a few of the children are under thirteen years of age, the Minister was prepared to approve arrangements on those lines.

In the case of children or students at residential schools or establishments, it was suggested that vaccination could more conveniently be offered to them there than at home.

The County Council's Proposals under the National Health Service Act already allowed this extension to be carried out, and the County Health Committee agreed to implement this extended scheme.

Arrangements have been made for the School Medical Officers to be trained in the necessary techniques required for tuberculin testing and vaccination.

In 1957, 442 children in four schools were tuberculin tested, and of 330 children for whom vaccination was advised, 329 were vaccinated. In 1958, of 3,098 children at twenty-nine schools who were offered facilities for this type of prophylaxis, 1,542 were vaccinated with B.C.G.

The following are the figures for the year under review:—

Number of schools	68
Number of children offered facilities for B.C.G. vaccination	8,389
Number of children whose parents desired to take advantage of these facilities and who were Mantoux tested	5,465
Number of children found to be Mantoux positive ..	1,251
Number of children found to be Mantoux negative ..	4,139
Number of children vaccinated with B.C.G.	3,989

REPORTS RECEIVED FROM SCHOOL MEDICAL OFFICERS

The following are relevant extracts from reports which I have received from individual School Medical Officers:—

Dr. M. SUTCLIFFE (Part of N.W. Division):

"(1) *The general health and well-being of the children:* In this age of more even distribution of wealth and widespread prosperity the majority of the children are well-nourished, well clothed, happy and energetic. The few exceptions are usually the children of substandard, irresponsible parents who refuse to submit to the discipline of regular occupation and are maintained by the hard-working members of the community. To these unfortunate children school dinners and milk are an absolute necessity and prevent a marked deterioration in health.

(2) *The physical condition of the children:* The improvement in the general physical condition of the pupils noted during the past few years has been maintained, but the incidence of dental caries appears to increase. Very few children in each age group examined are free from dental disease. Of the other defects the largest numbers were found in the orthopaedic and visual groups.

The children were placed according to their physical condition into the two following categories:—

	1959	1958
	%	%
Satisfactory	98.63	98.6
Unsatisfactory ..	1.3	1.4

(3) *The cleanliness of the pupils.* A total of 191 school children were found to be verminous during 1959, a rate of 7.1%. The incidence varies considerably in the individual schools from nil in a grammar school to 17% in one of the primary schools.

The school children in certain families are constantly re-infested from older members who are, apparently, content to harbour head lice all their lives. It appears to be impossible to persuade the members of these families to make a determined effort to rid themselves of lice completely.

There was a marked decline in the number of cases of impetigo seen at the minor ailments clinic, a total of eight compared with twenty-seven in 1958. No cases of scabies were treated.

(4) *School Meals; the Milk-in-Schools scheme:* On a given day in October 43.94% of pupils in attendance at school had school dinners. The meals are well-cooked, varied, appetising and nutritious and, except by a few faddy children, very much enjoyed.

On a given day in October 86.59% of pupils participated in the milk-in-schools scheme. The milk is very popular in primary schools particularly with those children who refuse to eat an adequate breakfast. It provides the extra nourishment they need to sustain them until the midday meal is due.

(5) *The hygienic conditions of schools:* Improvements are being made each year in the hygienic conditions of schools. The last insanitary trough closets were replaced by modern types in August 1959. Disposable paper towels are in use in most of the schools, a useful measure in reducing the spread of gastro-intestinal infections. There are still three or four schools which have no supply of hot water in the cloakrooms, a provision which is essential if the principles of personal hygiene are to be instilled into children during their most receptive years.

(6) *Infectious diseases.* Measles was the epidemiological feature of the year, though there were minor outbreaks of chicken pox, rubella and mumps and many upper respiratory infections. All the seventy-three cases of measles were reported during the first three months of the year while the fifty-two chicken pox infections were scattered from the beginning of February until the end of October. One small primary school had twenty cases of mumps in November. No cases of infectious disease were notified from secondary schools.

(7) *Verrucae:* Towards the end of 1958 two school children developed verrucae. Since then, in an endeavour to assess the incidence of and to eradicate this painful and contagious foot ailment, the Health Visitors have carried out foot inspections at all the secondary modern and most of the junior schools. It was found that 1.6% of children were affected. Appropriate treatment was recommended and prophylactic measures instituted to prevent the spread of infection to others. Although plantar warts are by no means contracted solely at the local swimming baths the Borough Council very kindly resolved that the new flooring in the dressing cubicles at the baths should, if possible, be laid before the remainder of the modernisation scheme was implemented. The present rough concrete floors are to be replaced by easily cleansed, smooth, impermeable surfaces.

(8) *Immunisation procedures:*

(i) *Diphtheria immunisation:* Fewer children were immunised against diphtheria at the clinics though more appear to be having a combined or triple prophylactic from the family doctors. Many parents are neglecting to have their children's immunity maintained by a booster dose four years after the primary course. Although there have been no notifications in the area since 1950, parents are reminded that it is still necessary to maintain a high immunity rate or diphtheria could return in its former severity.

(ii) *Whooping cough vaccination:* Parents are becoming increasingly interested in protection against whooping cough but they prefer their children to have the combined prophylactic in order to reduce the number of injections.

(iii) *Poliomyelitis vaccination:* Poliomyelitis vaccination clinics were held regularly throughout 1959. The acceptance rate from the priority groups over fifteen years of age was poor at the beginning of the year but an increased response was noted in April, following the death of a well-known footballer from the paralytic form of the disease.

The poliomyelitis vaccination programme disorganised to a slight extent the ordinary routine work of the School Health Department, in that the number of examinations of entrants to secondary schools had to be curtailed.

(iv) *B.C.G. vaccination:* The preventive medical services have since October, included B.C.G. vaccination of school children aged thirteen years and upwards. The acceptance rate at the two schools completed was 64%.

(9) *'Medical stresses of examinations':* The few cases of 'examination stress' which were brought to my notice were caused by the attitude of the parents. Certain parents with high standards believe, rightly or wrongly, that a child who fails to obtain a Grammar School place will occupy a less important position throughout life. The parents anxiety was occasionally reflected in the over-sensitive child who suffered from habit spasms and poor appetite.

(10) *Inter-relationship between the National Health Service and the School Health Service.* The friendly relationship between the three branches of the Health Service continues. Information is obtained from the hospitals regarding school children who receive in-patient treatment, and handicapped children are referred to the School Health Service by hospital consultants and general practitioners for special educational treatment."

Dr. F. D. F. STEEDE (Part of N.W. Division):

"(1) *General health and well-being of the children:* The general health and well-being of the school population on the whole is very good indeed. Children are almost universally well clothed and cared for. The majority of parents go to considerable lengths to make sure they obtain the best possible advice in their children's upbringing and the attendance of parents at the five year old routine medical inspection is well over 90%.

(2) *Physical condition of the children:* The physical condition of the children is, with the exception of their dental state, excellent. Dental caries, generally on the increase, is now assuming serious proportions. It is a rarity at a routine school inspection to see a child free from caries at the five year old inspection and almost invariably when one does so, one finds that he or she is a member of the local Italian colony. At the older age groups it is commonplace to see extensive decay in the second dentition. While, undoubtedly the increased consumption of sweets, together with the lack of attention to oral hygiene is a major factor, in Buxton the position is aggravated by two other factors—the lack of a school dentist for a number of years past, and the natural low fluorine content of the town's water. Undoubtedly the time is coming, and in my opinion, the sooner the better, when in the future it will be routine procedure to add flourine to waters naturally deficient.

At the present time children waiting for operations for tonsils and adenoids in this district are placed on a comparatively long waiting list, which has been adversely affected, also, by the local poliomyelitis epidemic in 1958 when it was considered necessary

to suspend operations for some months. This is an unfortunate matter since it is a fact that many children do benefit considerably from this procedure provided the operation is performed after careful selection and as soon as possible following the decision to undertake it. During such waiting period the tonsil infection may well have done additional damage and one is left in the position of having bolted the stable door too late.

Children who present themselves with speech defects have had their hearing checked where this has been considered to be a potential factor. Adequate treatment for such speech defects at the present time is difficult in the absence of the availability of a speech therapist.

(3) *Cleanliness of pupils:* Satisfactory. Infestation with pediculosis capitis is rare, as also is impetigo, and I have seen no cases of scabies or tinea (ringworm).

(4) *School Meals; Milk-in-Schools scheme:* School meals are on the whole satisfactory though where meals are not prepared on the premises and have to be carried in containers some deterioration in quality, taste and appearance is inevitable. One would prefer, at any rate in the larger schools, to see school meals cooked in the school. Over the year it is estimated that 63% of school children partake of school meals.

All milk consumed is pasteurised and I have stressed continuously the importance on all concerned, and in particular in infant schools, of as large a take-up as possible. The co-operation of the teacher is readily obtained once one has explained the necessity for a high calcium intake as a vital factor in the production of sound dentition, together with the fact that milk is the sole normal constituent of the diet with a high calcium content. It is estimated that 73% are taking school milk—a figure which is still far too low.

(5) *Hygienic conditions of schools:* The opening of one new secondary school has helped to reduce overcrowding in an all-age school which now takes children only up to the age of eleven. Otherwise my remarks with regard to overcrowding of classrooms made last year apply, and it is still necessary in the case of three schools to carry out the routine medical examinations at the school clinic. I would again place emphasis on the need to bring the older schools up to a satisfactory standard with special reference to the necessity for adequate hand washing facilities to include hot water.

(6) *Infectious diseases:* The early part of the year was noteworthy for an outbreak of influenza, when at times attendance was very low (30% or less in the case of infant schools). The disease if widespread, was mild in character and individual absences were mostly under a week. In the autumn term to date the primary schools have had to contend with an outbreak of mumps which at times has resulted in a 50% attendance in the case of infant schools.

I am glad to say that poliomyelitis this year was absent, and while this could be, and indeed must be in some measure due to the immunity created by the epidemic of 1958, we hope also that it may be due in no little measure to the degree of immunity conferred by the systematic vaccination campaign which has been carried on vigorously.

(7) *Immunisation procedures:* Initial immunisation against diphtheria in this district is almost entirely in the hands of the general practitioners who are universally using the triple antigen. No case, so far as is known, of post inoculation poliomyelitis has occurred locally, and it may well be that the risk in using certain vaccines, notably those free from alum, carry less risk of such an occurrence than was originally calculated. Booster sessions have been held in schools and it is hoped that more of these will be possible next year now that the vast majority of children have been vaccinated against poliomyelitis and a large number have had a third booster.

Vaccination against tuberculosis was introduced in the summer term when efforts were concentrated initially on offering protection to those children about to leave. However, by the end of the year all children eligible had been offered vaccination with the exception of the students of the College of Further Education. Acceptance rate for skin testing was approximately 48% and the percentage of those giving a positive reaction was approximately 25%. Of the 75% giving a negative reaction almost all were duly vaccinated with B.C.G. A systematic scheme for following up those children, and their family contacts, giving a strong positive reaction is being evolved. No untoward complications have been reported.

(8) *Inter-relationship of the National Health Service and the School Health Service:* Co-operation with the general practitioners in this district is a close and happy one. With regard to the hospital services, arrangements have been made with the Ear, Nose and Throat Specialist to forward a copy of all reports of Buxton school children and this is most helpful and a practice which I should like to see extended to embrace other specialist departments."

DR. G. KUTTNER (Part of N.W. Division):

"(1) The general health and well-being of the school children continues to be very satisfactory throughout my area. Even children who lack affection and sound parental management are, almost without exception, well fed. If provided with school dinners this latter group of pupils receives at least a substantial hot midday-meal and a good supply of milk. Their physical condition is therefore equally satisfactory and increases with increasing age.

(2) The standard of cleanliness is on the whole very good. There remains the hard core—small in number—of constant offenders in certain areas who, in spite of tireless efforts of Health Visitors, become re-infested with pediculosis again and again. I have not seen a case of scabies for a number of years and only very few cases of impetigo and of tinea circinata.

(3) Very much has been done in the last few years to improve the hygienic conditions in old school buildings. Provision of running hot and cold water is now almost the rule in every school in my area. The brightly coloured classrooms create a pleasant background. The worst drawback, even in new school buildings are: over-crowding;

the lack of staff and medical rooms; in old buildings the all too frequent need to accommodate two classes in one room; and the failure to provide indoor lavatories.

(4) Early this year an epidemic of measles reduced school attendance very considerably. In the latter part of the year there was a widespread epidemic of whooping-cough, chickenpox and mumps, none of them serious.

(5) *Immunisation procedures:* The response to whooping-cough and diphtheria immunisations in schools is still far from what one would want it to be. Equally disappointing is the indifference towards the need of poliomyelitis vaccination of more senior pupils. B.C.G. vaccination on the other hand has been more widely accepted than I expected. This is entirely due to the excellent co-operation of Headteachers whose help and encouragement have been invaluable in spite of the difficulties of accommodation, interference with examinations, school activities, etc.

(6) '*Medical stress of examination:*' I have not seen any evidence of clinical or psychological ill-effects in connection with examination. It seems to me that symptoms of mental and physical strain together with a feeling of being unequal to educational demands appear increasingly during a pupils first year in a Grammar School when the curriculum and the amount of homework is so much more strenuous than a child has ever experienced before."

Dr. W. GOW (Parts of N.W. and N.E. Divisions):

(1) *General health and well-being of the children and physical well-being:* These alike are good, almost without exception, so much so that obese children are becoming more numerous and ones who might be under-nourished are very rare.

(2) *Cleanliness:* Excellent. No scabies seen, very little pediculosis and a few cases of impetigo.

Milk-in-schools: No-one can criticise the milk, but perhaps we should criticise the biscuits sold with it in many schools. If something must be sold, then would not apples be better?

(3) *Hygienic conditions of schools:* Mostly very satisfactory, a few are deficient as regards lighting and ventilation, and one still has no water supply.

(4) *Immunisation procedures:—*

(*a*) *against diphtheria:* It will be necessary to have a 'drive' in 1960, because many parents are neglecting diphtheria immunisation. For the last three years the polio injections have complicated the issue but now most children have received these.

(*b*) *against whooping-cough:* Few parents wish this separately and it is necessary constantly to explain that the combined prophylactic is not being used. This takes a lot of time.

(*c*) *against poliomyelitis:* This seems to be an accepted thing now and no longer attended with the hysteria of earlier

years. It does indeed curtail the time available for other duties, not only by reason of time taken for vaccination sessions but the incredible number of enquiries and amount of advice that has to be given every day.

(5) *Medical stresses of examinations:* None have been seen. In my opinion stress would be more likely in grammar school children approaching G.C.E. but I cannot say I have seen any examples.

(6) *National Health Service and School Health Service:* Inter-relationship has been very happy and in quite a few cases the combined efforts of N.H.S. and S.H.S. have succeeded where certainly the unaided S.H.S. would have failed. I think such co-operation is quite invaluable to the success of our work.

Dr. D. R. McCAULLY (Parts of N.W., N.E. and Mid. Divisions):

"Since I commenced duties in February, 1959, I have inspected the thirty-six schools in this area for the first time. I do not, therefore, know the parents, children and teaching staff as well as would otherwise be the case. However, I found excellent co-operation and friendliness amongst the teaching staff who took a great interest in the pupils' health and referred cases of suspected deafness, defective vision, etc., for special examination. I found this most helpful, especially in my own situation of having just appeared on the scene, and have tried to encourage it in whatever way possible. Parents, too, I found to be most interested in the medical inspection; in general they turned up in large numbers for the infants and, also for the middle age groups. Alas, however, there was a marked falling off of interest of the parents of the older children in the Secondary Schools, and one feels that the examination of children without their parents being present is rather an unsatisfactory and perfunctory business. However, the gaps in knowledge could often be filled in by the Health Visitors, whose knowledge and experience of the case in question I found to be invaluable.

In general, I have tried to limit the numbers for examination to about twenty for each morning or afternoon session, as I find adequate time to be a prime essential in order to talk to the parents in an unhurried atmosphere and try to gain their confidence.

(1) *The general health and well-being of the children* was very good and there appeared to be little loss of school time due to illness. Exceptionally, there were a few families whose standards of nutrition and cleanliness were below par and their children were frequently absent from school, not always for health reasons. I feel that to lecture these people is worse than useless and that the only chance of any success lies in a personal approach by the Health Visitor in visiting the home.

(2) *Cleanliness of the children:* This was, in general, most satisfactory but, exceptionally, left something to be desired in the final inspection in the Secondary Schools.

I saw very little skin infections apart from a few cases of impetigo, which was never wide-spread throughout a school. Apart

from this, there were a few isolated cases of epidermaphytosis, and, in all, I found only two or three cases of nits in the hair. Scabies, also, was conspicuous by its absence. Verruca of the hands and feet was seen from time to time and occasioned some worry to parents. I saw a few cases of tinea circinata.

(3) *Physical Condition:*

(*a*) *Visual defects:* Visual defects were fairly common and were brought to my notice by routine testing and, also, quite frequently, by teachers and parents. Glasses prescribed were usually but not always worn by the children. They were referred, if their parents were agreeable, to ophthalmic clinics in the first instance.

(*b*) *Strabismus:* This was not very uncommon in the younger age groups but most of the cases seen were already receiving treatment.

(*c*) *Enlarged tonsils:* This was quite frequent and occasioned much absence from school, although the majority tend to subside in time. There was, however, the occasional complication of otitis and perforated drum with resultant partial deafness. I found that out of a total of 2,100 children examined, 12% have had their tonsils removed.

(*d*) *Dental decay:* This was, in some areas, very wide-spread and a perfect set of teeth was, indeed something to be noted. It varied a great deal in incidence, and in some places it was quite evident that a great deal of care and attention had been given to the children's teeth by their private dentists. This was especially noticeable in one area. I ascribed much of the dental decay to the habit of eating biscuits and sweets, etc., at all times, but especially at night without any brushing of the teeth before going to bed.

(*e*) I encountered few speech defects of any seriousness. Most of these were in infants starting school, and who were experiencing emotional difficulties rather aggravated by their parents natural if undesirable anxiety. One felt that these children were better left alone and that they would, given time, and their parents being re-assured, imitate the speech of their fellows. A few of the older children with 'stammers' were either referred for speech therapy or were already receiving it.

(*f*) *Eneuresis:* This was not very common and usually had a background of emotional difficulty. My impression is that it is more common in only children and in children of small families. There was little one could do other than to re-assure the parents that, given time and patience, the problem would solve itself.

(*g*) *Obesity:* I saw an occasional case but feel that, in the absence of any glandular disfunction or other ascertainable cause, dieting may be harmful and should not be resorted to.

Allergic conditions: Asthma was by no means uncommon but appeared to be of a rather mild type which tends to subside as the child grows older, and should be rather minimised to the parents than over-emphasised. Various *eczematous conditions* were also seen but were usually not very severe.

Flat foot, this was fairly common, in various degrees, and advice was given regarding footwear and exercises. In general, the cases were not very severe, although a few of the school leavers had to be referred to Orthopaedic Clinics.

(4) *School Meals:* These were uniformly good and were well availed of. Unfortunately, the children who did not avail of them were frequently those of rather poor families who needed them most.

(5) *Milk-in-Schools:* I think that this scheme should be of great benefit to the children's health, and it appears to be well used.

(6) *Infectious Diseases:* There were minor outbreaks of measles and chickenpox which necessitated postponement of the Medical inspection in a few schools. There was, also, some mumps and an occasional case of scarlet fever.

(7) *Immunisation procedures:* I was very struck with the small number of children who were vaccinated against *smallpox*. I found that out of the 2,100 children examined only 594 were vaccinated, giving an overall figure of only 28.28%. There were wide variations, and in a few of the small county schools none of the children examined had been vaccinated. At the other end of the scale, 66% of the children had been vaccinated. Many school leavers, together with their parents, do not now understand even what is meant by the term 'vaccination' so much is it falling into disuse. I think that this is unfortunate in view of the small outbreaks of smallpox which keep recurring in various parts of the country with the ever increasing influx of immigrants from countries where the disease is prevalent.

Diphtheria immunisation: This was, on the whole, satisfactory and the great majority of the children had been immunised. Most of this work had been carried out by general practitioners. There is a tendency to neglect the 'booster' dose on school entry, and I have tried to repair this deficiency by giving this in the schools.

Poliomyelitis inoculation: This has been confined to clinics, where the response has been very good.

B.C.G. inoculation: I have commenced B.C.G. in November in two large secondary schools and the response, so far, has been good. I found the Multiple Puncture Method of tuberculin testing to be much less time-consuming and troublesome than the intradermal and, so far, it has proved to be just as reliable."

Dr. B. E. JOHN (Parts of N.E., S.E., and Mid-Divisions):

"(1) *The general health and well-being* of the children was very good. The vast majority of the children seen were happy and healthy throughout the areas served.

(2) *The physical condition of the children* was very good on the whole although there was a striking difference in physique in different areas. It is of note that in the areas where the physique was of a higher standard the general level of hygiene and cleanliness was also higher.

(3) *The cleanliness of the pupils* was good with the exception of one or two children from problem families. Here again a considerable variation in the standard of cleanliness was seen in different areas. No cases of scabies or impetigo were seen. Pediculosis did occur however both in problem families and also in children from very clean good homes who were unfortunate enough to be in contact with those infested.

The use of an insecticide appears to have been of value in this connection. This is as simple to use as an ordinary hair shampoo, it is non-offensive and parents have been very grateful for it. It is also very effective.

(4) *School Meals* have been of a generally high standard although those prepared on the premises seem to have more flavour and variety than those prepared in communal kitchens.

(5) *The Milk-in-Schools scheme* especially if connected with the sale of biscuits at break is a very mixed blessing. Some mothers appear to take the attitude that it does not matter if the child is late getting up and has no breakfast as it is possible to have milk and biscuits at school. The good done by the milk seems to be more or less negatived by the damage done to the teeth by biscuit crumbs. The children do not clean their teeth after having biscuits and spend all the latter part of the morning with a mouthful of crumbs.

(6) *The hygienic condition of schools:* The ventilation, heating and lighting has been satisfactory in the schools visited.

The majority of schools visited had outside lavatories and several of the rural schools had urinals with no water carriage which were very offensive especially during the hot dry summer which we had this year.

Considerable efforts have been made on the part of the authorities to provide hot water and wash handbasins together with disposable paper towels even in the smallest and most remote schools.

(7) *School canteen facilities* are adequate and hygienic although a number of schools find it necessary to have meals in the classrooms.

(8) *Infectious diseases:* Outbreaks of chickenpox and measles with a few cases of scarlet fever have occurred during the past term.

(9) *Attendance of parents at school medical inspection:* Nearly all the parents attended in the first age group and much useful information was obtained from them and I hope in some cases given. In all the other age groups parental attendance was much lower.

(10) *Immunisation. Diphtheria immunisation in school:* The need for this seems to vary in different localities. In some cases the general practitioner has evidently impressed on the mother that the child requires a booster injection before starting school and relatively few injections are given at school. In other areas more injections are needed. The mothers are grateful when the service is provided at school and the protection rate in the overall area is very high. I

have tried to make it a practice to perform diphtheria immunisation either on the same or the following day as school medical inspection. It is then possible to make enquiries concerning recent poliomyelitis inoculation, infections, etc. I have found the Attendant who accompanies me of great help in connection with these queries and completion of the inoculation records, etc.

Inoculation against poliomyelitis still continues in large numbers, the bulk of the children who are entering school seem in fact to have received injections.

B.C.G. inoculation: A start was made in this connection with inoculation of tuberculin negative thirteen-year-olds.

(11) *Evidence of medical stress due to examinations:* There is little evidence of this except isolated cases of 'tic' etc. at the eleven-plus stage which has been seen in the case of children of over-ambitious parents who try to 'push' the child.

(12) *Medical Practitioners* in the area have been very co-operative both in treating cases referred to them and in sending cases for a consultant opinion where this was indicated.

Dr. F. BRILL (Part of N.E. Division):

"(1) *The general health and well-being* of the school children remains satisfactory on the whole. In view of the potential seriousness of persistent obesity, I am now classifying all grossly obese children as unsatisfactory, about 4% of all children examined.

(2) *Physical condition:*

(*a*) *Dental caries* was again the most common defect found. Towards the end of the year, however, I have gained the general impression that persistent campaigning in favour of oral hygiene and conservative dentistry is slowly showing some effect. Several schools have co-operated and suspended the sale of biscuits, which when consumed during the mid-morning break with milk, encourage decay. It will be interesting to observe the long-term result of this step.

(*b*) *Enlarged tonsils* and adenoids were the next most common defect. The waiting list for operation in the Sheffield area is very long, averaging about eighteen months. There are still cases of scarlet fever and rheumatic fever occurring in children who have a previous history of repeated sore throats.

(*c*) *Defects of vision* accounted for about 10% of defects found. Most parents are prepared to purchase a better looking and better quality frame, but there are still children who persistently refuse to wear their glasses.

(*d*) *Nocturnal enuresis* was found commonly in infant entrants, and became progressively rarer in the older age groups. Since the opening of the Child Guidance Clinic I have referred a number of difficult cases exhibiting this sympton among others, but it is too early as yet to judge any results.

(*e*) *Emotional stability:* Here again I have found the newly opened Child Guidance Clinic of great help, and I would like to record my appreciation to Dr. Salfield for his help with problem cases.

(*f*) *Foot defects:* These were mainly confined to older girls, and in nearly all cases were the result of the wearing of unsuitable shoes. The present craze for so-called 'casual shoes,' which appear to me to ignore the basic anatomy of the foot entirely, and can only be kept on by flexing the toes, will eventually result in many girls developing unsightly and painful foot deformities, which may well affect them at work, especially if the job means standing for long hours, and also in the home, when these girls in turn become the mothers of young families. I am aware that there is a campaign throughout the country to try to influence both customer and manufacturer, but there appears to be marked apathy on both sides.

(*g*) Infantile eczema—ichthyosis—asthma syndrome was another defect cropping up in all schools inspected.

(3) *Cleanliness of pupils:* Good in all age groups. Pediculosis was found in only a handful of children, mostly members of 'problem families.' Two cases of scabies were seen during the year, and one case of impetigo.

(4) *The school meal service:* The meals sampled have been well prepared, but those served in schools without kitchens suffer by transportation.

(5) *The Milk-in-School scheme* functions well, and large numbers of children avail themselves of it. As I have mentioned above, however, the combination of milk and sweet biscuits is definitely harmful to the children's teeth, unless they could clean their mouths immediately. This is of course impossible for practical reasons.

(6) *B.C.G. vaccination:* All senior schools in this area, as well as two schools in an adjoining area, were offered B.C.G. vaccination. The acceptance rate varied from 90% to just over 50%, but as a result of intensive propaganda will I hope continue to improve. Among the tuberculin positive reactors sent for X-ray check up, six cases showed lesions requiring follow up. No active case of tuberculosis was discovered.

(7) *Poliomyelitis vaccination:* Following the death of a football star, there was a sudden rush, but the demand has slackened off again.

(8) *Diphtheria-Whooping cough-Tetanus Immunisation:* There is a fairly steady demand for this procedure, but many mothers prefer to attend their family doctors, who use the combined antigen injection.

(9) *Smallpox vaccination:* There is practically complete apathy on the part of the public to this measure. As there are now so many different injections given to children for various reasons, it is not surprising that many parents of large families fail to remember the

details. I have for some time thought that a possible solution would be a record book issued to each infant by the Registrar at the time the birth was registered, and that all vaccinations and immunisations could be entered into this. A method advocated by some is a tattoo mark, carried out at the time of the vaccination, etc.

(10) In conclusion, I would like to thank the Head Teachers of all the schools visited, and to their staff, for their patience, courtesy and co-operation. I would also like to express my appreciation to the Sheffield Chest Clinic, and to Dr. Townshend in particular, for all the help he has given me."

Dr. G. O'CONNER (Part of N.E. Division):

"(1) *The general health and well-being* of the children has continued to be satisfactory and with few exceptions they appear happy at school.

(2) On the whole their *physical condition* was excellent. Dental caries was still common in the younger age groups. Enlarged tonsils and adenoids was common in all age groups. Vision defects in leavers was the most common defect that required treatment.

(3) The standard of *cleanliness* of pupils was high due to constant attention of the School Nurses. The incidence of pediculosis has been kept down. I saw no case of scabies during my inspections.

(4) *School Meals:* The majority of the pupils avail themselves of School Milk and School Meals. The standard of School Meals continues to be very good.

(5) *The hygienic conditions of Schools:* Ventilation, heating and lighting were satisfactory in all schools.

(6) *Infectious diseases:* There were few cases of infectious disease—a few cases of whooping cough and some cases of measles.

(7) *Immunisation procedures:*

(i) *Diphtheria immunisation:* About 70% of the entrants had primary immunisation as babies and were given booster doses.

(ii) *Poliomyelitis vaccination:* Most parents are anxious to have their children protected. Smallpox vaccination has become very rare. Poliomyelitis vaccination has not interfered with my other duties."

Dr. A. R. ROBERTSON (Part of N.E. Division):

"As you are aware I am now Medical Officer for only one school. I give below the details you have asked for, for this one school.

(1) *General health and well-being* of the children is very good.

(2) The *physical condition* of the children is also very good.

(3) The *cleanliness* of the pupils reaches a very high standard indeed. For instance, at the last head inspection there were only two children who were not clear.

(4) *School meals* continue to be popular, the only disadvantage being that there is not sufficient room for all the children to have the meals at once. This means that there are different sittings and these give a tendency to rushing of meals.

(5) The *hygienic conditions of the school* are satisfactory on the whole."

Dr. J. NETTLESHIP (Part of N.E. Division):

"(1) *General health and well-being of the children:* This was generally good, especially in the two older age groups examined.

(2) *The physical condition of the children* was fairly good, only six pupils fell into the 'unsatisfactory category.'

Enlarged infected tonsils and cryptorchidism were the most common defects found in the first age group (apart from the universal dental caries). Visual defects were most common amongst the other age groups. Vision tests are now performed on five year olds (with with aid of a picture chart) and seven year olds as well as the older children; it is surprising how much visual defect, previously unsuspected, is discovered. This applies particularly to cases of unilateral amblyopia. There is frequently a family history of 'lazy-eyes' in these cases. Unfortunately little can be done for these children apart from advising the parents about suitable occupations, but one feels that this advice is not always followed.

(3) *The cleanliness of the pupils:* This is generally good. Only three cases of pediculosis have been seen.

(4) *Milk in school* remains generally popular, school meals generally satisfactory, but I personally find too great a difference in standard of the meals presented by often neighbouring schools.

(5) *Hygienic conditions in schools:* Good on the whole, apart from some of the outdoor toilet facilities which were in very poor condition.

Some schools were without screens for use in the medical inspections. In my opinion these are essential if the whole procedure is to be carried out in one room.

All the canteens that I have seen have been well planned and equipped.

(6) *Infectious diseases:* There was a mild outbreak of scarlet fever during the summer, while chickenpox has been endemic throughout the year.

(7) *Deafness* has interested me particularly this year. Four quite severely deaf children have been referred to consultants (through their general practitioners) and are now being investigated. Many more mild cases have been found and several audiograms have been performed. It is surprising how the intelligent child can conceal his deafness by lip-reading and intelligent guess-work. Parents have often been astonished on watching a deafness test by the degree of hearing loss discovered. Deaf aids remain very un-

popular with their owners and too much of my time is spent in persuading children to wear them. Parents' co-operation must be obtained in this matter since some deaf children seem willing to go to any lengths to avoid their aid. I feel that the formation of a proposed partially-deaf class in N.E. Derbyshire may help to reduce the isolation of these children.

(8) *Immunization procedures:* Poliomyelitis vaccination remains popular with a good attendance rate.

Most of the diphtheria booster doses in my area seem to be given by the general practitioners.

B.C.G. Vaccination has been carried out in one boys school so far.

(9) *Medical stresses of examinations:* I have not noted any evidence of these.

(10) *Inter-relationship between the N.H.S. and School Health Service:* The general practitioners in this area have been co-operative and helpful on the whole."

Dr. P. WEYMAN (Part of Mid-Division):

"The schools allocated to me have had full and complete medical inspections. The constant pressure of the last two years has eased considerably since the arrival of another school doctor in the area. Dr. Urtson has been most helpful and is much liked by the school staffs, parents and children.

The general health and well-being of the children was considered good. The physical condition was also considered good.

The dental situation remains much the same as last year—poor. Would more frequent visits by the school nurse or Health Visitor improve further the hygiene of the mouth? A number of children seen at medical inspection still do not clean their teeth at all.

Cleanliness: Maintained at a reasonable level. No cases of pediculosis, impetigo or scabies have been seen by me.

School Meals, and Milk-in-Schools Scheme: The situation seems to be generally satisfactory. There is no doubt that milk must be checked before distribution by a responsible person. A recent successful prosecution for supplying milk in a dirty bottle underlines this. I was glad to hear that remarks had been made recently on the subjects of sweets, iced-lollies and biscuits in school. As indicated in my last report this is a matter for some concern. Bad habits started at home and reinforced in school are set for life. As in health matters generally so in dental hygiene all those engaged in teaching must speak the same language.

Hygienic conditions in schools: Reports on the conditions in schools are sent in at intervals. The Copthorne Infants School is now closed and the children will move to a new school in Rodgers Lane in Alfreton next term. Classrooms remain too full. This is an excellent means of spreading infection, colds, sore throats, influenza.

Not only do these infections spread more easily but more time is spent out of school. Particularly in the first two years of school life, it means that consistent teaching is not possible for some children. Quite often children return to school too soon after illness with consequent further infection. This is easily caught by a debilitated child in an overcrowded classroom.

Immunisation procedures:

(*a*) *Diphtheria immunisation:* no real difficulty is experienced in increasing the number of children protected against diphtheria at school entrance age. In fact immunisation at school seems to be the easiest and most trouble free way of dealing with children.

(*b*) *Whooping cough vaccination:* more propaganda is required on this matter.

Tetanus: many children receive triple antigen from their own doctor.

(*c*) *Poliomyelitis vaccination:* there seems to be ready acceptance of this procedure but it does seem to need a personal approach by doctor or nurse.

(*d*) *B.C.G. vaccination* proceeds smoothly and without trouble.

Medical Stresses of examination: Are not these produced more by over-anxious parents than by the child?

The Headteachers and staff of the schools in my care have been interested and taken special care to see that arrangements are as satisfactory as can be in the premises at their disposal."

Dr. T. URTSON (Part of Mid-Division):

"(1) The *general health and well-being* of the children remains satisfactory. They are well nourished and their clothing is, on the whole, satisfactory. However, there is concern among the teachers in infant schools about the number of children looking tired and sleepy in the morning, due to lack of sleep and rest.

(2) The *physical condition* of the children is satisfactory. Upper respiratory tract infections are still prevalent in the first age group. There is high incidence of visual defects in the second age group. In the third age group foot defects are very common in girls. It is a rarity to see a 'leaver' wearing a well fitting pair of shoes. Large number of boys were found to have fungus infection of feet.

Routine vision tests are now carried out in all seven-year-olds.

(3) Marked improvement in *personal hygiene and cleanliness* was noted this year, thanks to the persistent efforts of the School Nurse and Health Visitors. Two cases of ringworm were seen and these were already under treatment. No cases of impetigo or scabies have been seen by me.

(4) *School meals* are on the whole well cooked and adequate in quantity. I should like to see, however, more fresh fruit served, instead of the starchy puddings.

(5) *Hygienic conditions of schools:* There is need for improvement in this area. Overcrowding remains a problem in many schools and medical examinations have to be carried out under difficult conditions.

Accommodation for the teaching staff is inadequate. None of the Infant Schools in my area have a common room for their staff.

(6) *Special interests:*

(*a*) *Attendance of parents* at the medical inspection in the first age group remains good—92% were present. In the second age group 66.5% and in the third age group 13.5% of parents attended.

(*b*) *Health education:* To-day the School Health Service has come to be regarded as one of the main avenues for the practice of preventive medicine. The periodic medical inspection provides us with a regular opportunity to teach health to a large part of the community. I started regular health education in a very small way—posters about oral hygiene, sleep and rest, eyesight and food were displayed in the examination-, waiting-, and classrooms. Leaflets about the care of hair, feet and teeth, and to older girls about personal hygiene, were distributed. On interview various subjects were discussed—mainly about importance of sleep, footwear, balanced diets, immunisation and vaccination. Owing to the lack of space available, the use of more interesting material, such as film strips, slides and models, is limited.

(7) (*a*) Investigating the state of *diphtheria immunisation*, I found that about 30% of the children in all three age groups have never been immunised against diphtheria. There was a better response to immunisation this year: seventy-three primary and 180 booster injections were given. Primary immunisation courses are very time-consuming, but in view of the 30% of children not being protected and the increasing number of cases of this disease registered in 1959 (Ministry of Health announcement), I think it is time well spent.

(*b*) *B.C.G. vaccination* commenced in my area for the first time this year. The high acceptance rate obtained was entirely due to the support of the Head Teachers.

(*c*) The '*polio*' *vaccination* scheme continues to work smoothly."

Dr. W. J. MORRISSEY (Part of Mid-Division):

"The *general state of health* of the children continued to be satisfactory in 1959. There were no cases of real malnutrition and a complete absence of children found to be inadequately clothed. The small core of *verminous and infested children* remains about the same, invariably coming from the same problem families, who are lacking in intelligence and parental care.

The percentage of children taking *school milk* has remained constant, varying from about 75—80. It is difficult to know why the uptake is not much higher because the number of children who are genuinely upset by drinking cows' milk must be very small. All milk is pasteurised and despite the warm summer there have been little or no complaints about keeping qualities.

Audiometric tests were carried out during the year at two of the biggest primary schools on all children who had speech defects, were backward, had a history of ear trouble, or were thought to be deaf by the teaching staff. A considerable amount of minor deafness was found but in only three cases was it considered necessary to have Consultant opinions, and one child was supplied with a hearing aid.

School Premises: All the schools in the town with one exception are old, but work is slowly proceeding in providing better facilities. Hot water for hand washing is now available in the majority and a start is being made with providing better toilet facilities. Washing up facilities in all premises for school meals is satisfactory and all have separate canteen staff; but two of the larger schools canteens are in halls outside school premises which are anything but ideal.

I have found no evidence of *medical stress caused by examination.*

Relationship with general practitioners is excellent, but this is of course facilitated because I also act as District Medical Officer for the area."

Dr. J. DUTHIE (Parts of Mid- and S. Divisions):

"Since the re-arrangement of areas, I have been dealing with an increased proportion of rural schools and in these there is a notable decrease in the amount of upper respiratory morbidity as compared with schools in built-up areas.

The state of care and well-being of children is good. Very few cases of head infestations are to be seen but the tendency of foot infections to occur amongst pupils in secondary schools will require watching.

In one group of school entrants born in 1954, the number showing vaccination against smallpox was only 11.2%.

The acceptance of B.C.G. testing and vaccination ranged from 54% to 84% between various schools. The higher figure was obtained in a grammar school."

Dr. T. HAYNES (Parts of S.E. and S. Divisions):

"Having only joined the School Health Service in September, 1959, this report is based on findings during 3½ months work only.

(1) *General health and well-being of the children:* On the whole the general health and well-being of the children is good. They are well-cared for and well dressed, although I would like to see all the children in the Modern Secondary Schools wearing the *school uniform.* I feel the '100% wearing' of school uniform should be encouraged for two main reasons. First it helps the children 'to care what they look like,' thus encouraging cleaness and tidiness. Secondly, I feel it would prevent one child from feeling conspicuous because it hasn't got uniform.

There appears to be a high incidence of functional nervous disorders amongst school children, e.g. nail biting, eneuresis, eczema, and asthma. The incidence of enuresis is marked not only in the five year old group, where one might expect it, but also in the eleven-plus and even older groups.

(2) *Physical condition:* The physical defects which I have met most commonly in the past three and a half months have been defective vision and to a less extent squints, very poor teeth, bad posture, bad speech, and chronic upper respiratory infection associated with chronic lower respiratory infections and asthma.

(3) *Cleanliness of pupils:* The children have a fairly high standard of cleanliness apart from a few problem cases. In three and a half months of school inspections I have seen one case of impetigo and four of pediculosis.

(4) *School Meals:* These are mostly very good, but there is rather a high proportion of carbohydrate sometimes.

They are of good value in persuading the child who is a 'picky' eater to eat properly simply because he is surrounded by a normal hungry mob which he copies. Another great benefit is that it ensures a child gets at least one well balanced meal a day and some milk.

(5) *Hygienic conditions:* In the new schools this is very good except that in one or two there is no hot and cold water in the medical room.

In some of the old schools conditions are not very good. In one the lavatories and wash basins are across a large playground away from the main building in outhouses.

(6) *Infectious diseases:* Apart from an outbreak of chicken pox the incidence of infectious diseases has been low during the last three months in my area.

(7) *Attendance of parents at school inspections* is good in the age groups five years and eleven-plus, but not so good in the school leavers group—probably because the children at this age discourage their parents from coming with them because they think it is 'babyish.'

Parents appear to appreciate routine notification for re-inspections, and I feel these are the very cases where the parent needs to be present. Judgment of improvement or otherwise is difficult without adequate history, and often the parents have difficulties which they are eager to discuss. This applies particularly to cases of eneuresis and other functional nervous disorders which appear to have a high incidence among school children, and which often cause much disturbance in the home.

(8) *Immunisation procedures:* While most parents go to the general practitioner for the primary course of immunisation, there is a great demand for booster injections by the School Medical Service.

(9) *Medical stresses of examinations:* Having only done 3/12 medical inspection I cannot produce any statistical evidence for or against the stress of examinations.

During this time, however, I have gained the impression that in children approaching the eleven-plus examination, and immediately afterwards in those children who do not pass, there is a higher incidence of symptoms due to functional nervous disorder, e.g. nail biting, eneuresis, tics, and behaviour problems. Asthmatics tend to relapse more, and eczema is more troublesome.

After talking to many of the parents of these children it seems that this examination stands as THE HURDLE which must be passed. Most parents are over-anxious naturally that the child should pass and this over-anxiousness is transmitted to the child.

(10) *Inter-relationship of National Health Service and School Health Service:* I am grateful for the very helpful co-operation of the general practitioners in my area. It is a pity there is not more opportunity for joint meetings between general practitioners and Local Authority medical staff so that common problems could be discussed."

Dr. A. M. HAMILTON (Part of S.E. Division):

"(1) *General health and well-being* of the children is good.

(2) *Physical condition* on the whole is good, but a fair number of bad postures in eleven year olds have been seen.

(3) *Cleanliness* is on the whole good. Nits in the hair have been encountered, however, and a few isolated cases of impetigo.

(4) *School Meals and Milk-in-Schools:* Both these services are utilised satisfactorily.

(5) *Hygienic conditions:* These remain as in previous years. Several old schools have been redecorated: no school building in Ilkeston is sub-standard. However, several are uncomfortably over-crowded in spite of new, temporary classrooms which have been added.

(6) *Infectious diseases:* No serious epidemic has appeared this year, but the hot summer seems to have been followed by a great crop of bad colds and coughs.

(7) *Attendance of parents at school medical inspections:* This seems to depend a good deal on the age of the child, but also on the interest taken in the medical inspections by the Head Teacher. Nearly all parents attend with children at the age of five. After this the attendance falls off unless the school authorities co-operate by persuading the parents to come. It cannot be too much emphasised that a medical examination in the absence of a responsible adult is not of the same value as one at which an adult is present with whom to discuss any defects discovered.

(8) *Immunisations: Diphtheria immunisation* has fallen off in the schools, partly because many parents wish for the combined immunisation against diphtheria and whooping-cough which can be obtained from their own doctor, and partly because propaganda has tended to fix attention on *poliomyelitis immunisation.* There is also a certain feeling that the children are getting too many 'pricks.'

The multiplicity of injections has certainly had the result of making the five year olds here much more difficult to examine in school, as their first reaction to a doctor is to expect a 'prick;' and often much reassurance is needed before physical examination is permitted. This psychological aspect of the case appears to be ignored by some enthusiastic immunologists, but it presents a very real problem to the School Medical Officer.

(9) *Medical stresses of examinations:* This effect has not been observed in children in this area."

Dr. G. STOREY (Parts of Mid. and S.E. Divisions):

"In the restricted period which I have spent in this district it has been impossible to gain more than a superficial impression of the whole. Comments must, therefore, of necessity be very general in their nature.

(1) *General health and well-being of children:* This seems to be remaining satisfactory in comparison with other years.

(2) *Physical condition* of pupils is, on the whole, satisfactory.

(3) *Cleanliness of pupils:* one case of scabies was seen only.

(4) *School Meals; Milk-in-School:* School meals seem to be of a high standard.

(5) *Hygienic condition of schools:* There seems to be a general trend towards improvement here, although many schools are out-dated. One school was scheduled for destruction no less than twenty-eight years ago but remains intact and even modernised.

(6) The number of *parents attending at school medical inspections* varies enormously with (*a*) the type of school, e.g. infant, junior, secondary modern, and (*b*) with the area. The majority of parents attend first examinations, about 50—60% attend eleven-plus entrants and very few, perhaps 5—10% attend "leavers" examinations. In the poorer class districts the attendance is generally lower.

(7) *Diphtheria immunisation:* there is usually a very fair response to this.

Poliomyelitis vaccination: the public have been very conscious of this and in general have attended very well until, perhaps, recently when there has been a palpable decline in interest. It occurred to me that in the same child, a 'polio' injection seemed to cause more distress than an identical diphtheria injection.

(8) *Medical stress of examinations:* I think it is difficult to reach any reasonable conclusions over a short period of time—this is a question which requires study over a period of years. It may be significant, however, that a Grammar School Headmaster has asked advice on two pupils, both girls, who showed signs of psychological upset as they approached the G.C.E. examination."

Dr. M. VASS (Part of S.E. Division):

"(1) *The general health and well-being* of the children continues to be of a high standard. The greatest number of defects was found in the entrant age-group. Vision defects were common amongst the 'leavers' but other defects were few in this group. Dental caries continues to be a problem amongst all groups.

(2) *Physical condition of the children:* Good on the whole. One rarely sees a child who appears to be undernourished.

(3) *Cleanliness of the Pupils:* Also of a high standard, though there are still a number of school leavers who are careless about dental and personal hygiene. I saw no cases of impetigo this year. Two cases of ringworm of the body were seen, these responded quickly to treatment.

(4) *School Meals:* Continue to be a valuable and satisfactory service.

(5) *Hygienic condition of schools:* Conditions at most of the schools in my area are satisfactory.

(6) *Infectious Diseases:* Only one case of Poliomyelitis was notified. None of the other fevers reached epidemic form. Cases of whooping-cough appeared to be less.

(7) It was noted at the medical inspections for "entrants" that the number of *children vaccinated against smallpox* had increased. The response to the Poliomyelitis Vaccination Scheme was very good this year. Attendances at the clinic sessions were high, with few defaulters.

Response to the *B.C.G. vaccination scheme* was also good, this being carried out in the senior schools.

(8) '*Medical Stresses of Examinations*': I have found no evidence of this.

(9) *Inter-relationship between the National Health Service and the School Health Service:* The General Practitioners in my area are, on the whole, very helpful."

Dr. R. DEAN (Parts of S. and Mid-Divisions):

(1) *The general health and well-being of the school children* in this area has been satisfactory during 1959.

(2) *The physical condition* of the children was of a high standard. However, an increased incidence of the following was noted: obesity; foot defects, mainly due to unsuitable shoes; dental caries with abscesses; infections of the nose and throat; mouth breathing and poor posture. One case of rheumatic heart disease has been recorded.

(3) *Cleanliness of pupils:* The number of dirty children remains at about one per cent in infant schools, but is higher in Junior and Senior Schools.

(4) *The School Meals Service* continues to improve with the establishment of new kitchens displacing transported container meals.

The milk-in-schools scheme appears to work well; however, the majority of pupils do not appear to need it.

(5) *Hygiene* is excellent in the modern schools and several of the older schools have been provided with modern washing facilities. The supply of paper towels should be universal.

(6) *Immunisation Procedures:*

Polio vaccination: There has been a gratifying increase in demand, and clinics have been supplemented by immunisation in factories.

B.C.G. vaccination: This has been a busy year mainly due to the extension of the age group from thirteen year olds to include all senior grades. All secondary and grammar schools in the area have been completed. In the age groups concerned 58% of the pupils attended for tuberculin testing. A positive result was seen in 34% of those tested. It was noted that there was a higher rate of acceptances of this service in grammar schools, and that there was a higher proportion of reactors in secondary modern schools.

Diphtheria Immunisation has increased in infant and junior schools."

Dr. J. W. CRAWSHAW (Part of South Division):

"*The general health and well-being of the children:* The children are generally very fit and lively and happy in their school life.

I think that a considerable number of children stay up too late at night. I do not think the parents like this to happen, but they do not make sufficient effort, to enforce regular hours of sleep for their children.

The standard of *cleanliness* is high and diseases due to dirty conditions are rare. I have seen no scabies for several years, and impetigo is quite rare. There are some cases of pediculosis which almost always seem to occur in the same families—of course odd cases appear in the cleanest families.

School Meals are of great importance especially when children come from a distance or the mother goes out to work.

The quality of the meals cooked on the premises varies considerably and seems to be dependent on the interest and inherent culinary ability of the cook.

Milk in schools is of great value but it should not be accompanied by sweet biscuits if teeth are to be healthy.

The parents of entrants make great efforts to attend the examinations of their children and discuss their problems with me. The older children seem to discourage their parents from attending their examinations, but of course a considerable number of parents still come to the examinations.

The *hygienic conditions* are quickly improving as new schools are built and older ones are being improved.

Immunisation: Diphtheria immunisation in infancy is frequently

neglected and the first injection is done in school if at all. Whooping cough and tetanus injections are generally done by the family doctor in combined injections with diphtheria prophylactic. It is a pity that a standard method of immunisation by family doctors and the public health service cannot be arranged. Poliomyelitis immunisation is very acceptable and objections are rare.

Poliomyelitis and B.C.G. tests and immunisation have taken about one day out of each week and this has certainly made it impossible to spend an adequate number of days in the schools.

Medical stresses of examinations: I have not observed these conditions but I have no doubt that some stupid parents do harm to their children by worrying them about examinations.

The inter-relationship between the National Health Service and the School Health: I find that family doctors are very co-operative when they are informed of defects found at periodic school examinations. A school M.O. has opportunities for finding defects in apparently normal children which are denied to the family doctor. My duty is to find these defects and inform the family doctor so that he can deal with them as he thinks fit."

Dr. C. G. WOOLGROVE (Part of South Division):

"(1) *General health and well-being of the children:* The general standard of health amongst school children has, on the whole, been satisfactory. The attendance of parents at routine examinations has continued to be good, especially with the entrants, and great interest is shown in their well-being. During the year, an innovation carried out at the Senior School in my area was to time my visit to the school inspections to coincide with that of the Youth Employment Officer. This ensured that the parents were available, not only for considering the future of their children with regard to employment, but also with regard to their medical condition on leaving school. It certainly seemed to be well worth-while and I shall endeavour to make these arrangements in the future.

(2) *Physical condition of the children:* This also appears to be generally satisfactory. Frequently, a small number of undersized children have, in fact, parents of similar stature. Only a very small percentage can be classified as unsatisfactory. During the year, junior schools were visited and special inspections carried out. These visits do fulfil a definite need, as otherwise the School Medical Officer would not normally examine any children in a junior school.

(3) *Cleanliness of the pupils:* This has been excellent, in spite of the exceedingly fine and dry summer which has been experienced.

(4) *School meals:* I have been impressed during the year with the excellent work carried out by the School Meals Services and the meals that they provide for the children. This is especially so when the food is prepared and eaten on the school premises. There is no doubt that the majority of children enjoy also the mid-morning milk which is of benefit to them.

(5) *Diphtheria immunisation:* The practice of offering primary immunisation and booster doses to children at school, particularly

to the entrants, has again been welcomed by the parents. There is no doubt that this service does prevent a great deal of wasted time and energy on the part of the parents as opposed to visiting the family practitioner.

(6) *Poliomyelitis:* There was one case of poliomyelitis during the year, which shows a considerable improvement compared with the twelve cases experienced in the previous year, nine of which were of the paralytic type. It has been most encouraging to note the good attendance at the poliomyelitis Vaccination Clinics throughout the year, and it is to be hoped that the acceptance rates for this procedure will continue to improve.

(7) *Inter-relationship between the National Health Service and the School Health Service:* The family practitioners in this Area have again been most co-operative with regard to School Health Services and appointments with Specialists in hospitals. Valuable information has also been received from hospitals.

(8) *B.C.G. Vaccination Scheme:* The B.C.G. Vaccination Scheme was extended during the year to include not only those children aged thirteen years of age, but those who were older. Response has again been excellent, reaching in some cases well over 70%. My thanks are again due to the Headteachers and their staff for their help in this very important campaign to eliminate tuberculosis."

Dr. M. ALLAN (Part of South Division):

"(1) *General health and well-being:* It is much better to see the children in their ordinary classrooms and play grounds or playing fields and on sports' days in order to assess their general health and well-being. When one collates these findings with the ordinary medical inspection there is no doubt that the children's health is very good.

(2) *Physical condition of the children:* As regards standards of nutrition and physical condition, only a very few fall into Category 'U' and these are usually due to some form of illness. The good health and high standard of nutrition is the result of wise parental care assisted by school meals and school milk.

(3) *Cleanliness of pupils:* The cleanliness generally is high, and throughout the year I have only seen a few cases of impetigo, a few children with nits and none with scabies. There are, of course, one or two problem families where the standard of cleanliness leaves much to be desired and despite the efforts of the Health Visitors, School Nurses, School Welfare Officers and Public Health Inspectors, little improvement takes place.

(4) *School meals:* I make a point of seeing the school meals regularly and it is a revelation to me to see the variety and attractiveness of the school meals, and this cannot be accomplished without a great deal of thought and care on the part of the kitchen staff.

I am pleased to see the family service being introduced into a number of the schools in my area. I have no doubt that the school meals and school milk prevent much disease, but what is more they improve the nutrition and promote the positive health of the school-

child, and in addition educate the child and through the child, the family in the choice of foods.

(5) *Hygienic conditions of schools:* Much repair and replacement work has been done in the schools, and on outside and inside decorations which have made a tremendous difference. Perhaps more attention could be paid to better accommodation, including toilets, for the teachers in some of the older type of schools.

(6) *Infectious disease:* Towards the end of the year there was an outbreak of Measles since this was an epidemic year, and also numerous cases of Chicken Pox were notified from the schools. These diseases were mild and nearly all the cases were nursed at home and the children were only absent for a short period from school.

(7) *Immunisation procedures:* The Diphtheria Immunisation numbers are falling because of the immediate and acute interest in Polio Vaccination and of course the parents have no experience whatsoever of the disease, diphtheria. For the boosting or reinforcing doses the best response is at the school medical inspection for entrants, and in this I have had the utmost assistance from the Head Teachers.

The parents have accepted the Polio Vaccination with enthusiasm and have given every possible assistance at the Clinics.

The Whooping Cough Vaccination continues to be popular and the numbers are increasing despite the difficulty for the mother to attend for the three injections.

(8) *Medical stresses of examination:* I have no evidence of this in any of the Schools in my area during the year.

(9) *Co-operation between National Health Service and School Health Service:* The co-operation continues steadily between the Local Authority Health Services and the General Practitioners of the area and the local Hospital letters are very valuable and save a lot of correspondence with General Practitioners and the Hospitals."

It is thought that the following letter dated 10th June, 1960, addressed to all the School Medical Officers employed in the Health Department, would be of interest, particularly as its writing was stimulated by the comments incorporated in the School Medical Officers' Reports quoted above:—

"SCHOOL MEALS

Several School Medical Officers have recently commented in their annual reports on lack of protein, excessive carbohydrate, and the need for more fruit in the school meal. The Director of Education thought it would be helpful for you to know more about the instructions under which the Schools Meals Service works. The Director has, therefore, forwarded to me a summary of the Ministry of Education's nutritional standards which reads as follows:—

"The Ministry say that the school meal should have an energy value of 650-1000 calories according to age and sex. Variation in the calorific value should be adjusted by increasing or decreasing the quantities of potato, flour, cereals, etc. and of fats. The rough guide we have been given is:—

Infants Schools	650 calories.
Junior Schools	750 calories.
Secondary Schools	850-950 calories.

The meal should include 25 to 30 grammes of fat, again adjusted according to age and sex.

The Ministry stipulates a content of 20 grammes of protein of animal origin as standard for children **of all ages.** They have refused to consider an increase in the cost allowance in order to provide older pupils with more meat. H.M. Inspectors consider that the cash allowance which we have worked out within the Ministry's overall costing as a guide to individual schools is adequate but that a few schools show room for improvement in their pattern of buying; this we are gradually remedying.

The other suggestion by the Ministry for increasing the protein content is to add dried milk to puddings, custards and sauces. (Their suggestion of ¾ oz. per head per meal is intended, with the allowance of fresh milk used for cooking, to provide 45% of the protein content recommended).

They state that 'fruit of some kind should be served at least once a a week when it is economic to do so.' Cooks are in fact instructed that meals must contain either fresh fruit or fresh vegetables and salads at least once a week in summer and every ten days in winter depending on the weather. We also suggest an allowance of fresh, bottled or tinned fruit of 5 oz. per meal.

We are also seeking to encourage the habit of providing a slice of apple or raw carrot in addition to the two course meal as one contribution to the prevention of tooth decay."

The Director of Education has suggested that 'Medical Officers who consider the meals at any kitchen to be wrongly balanced should get in touch direct with the School Meals Organiser, Miss Clifford'."

Report from the Excepted District of Chesterfield.

The following report has been received from Dr. J. A. Stirling, the Borough School Medical Officer, concerning the Excepted District of Chesterfield:—

"During the year 1959, 3,759 pupils were examined in the prescribed groups. The general standard of health and well-being of the school pupils has been satisfactory.

The attendance of the parents at the periodic medical inspections was very good indeed, particularly in the case of "entrants" where there was practically 100% attendance and this is no doubt due to the revised invitation card sent to parents before children are examined. Increased attendance has also been shown in the intermediate age group although not so large as that of the first age group. Conversely, the attendance of parents at the examination of school leavers is practically nil and this is probably due to the independent outlook of the pupils themselves which, although commendable in almost every other direction, is not so in this connection as children will not discuss with the medical officer some points which might have been mentioned by a parent. The health and mental well-being of adolescents is receiving a great deal of attention at the present time and until children can be persuaded to bring parents with them, many problems could be missed which might have a great bearing on the child's future particularly with regard to the type of employment they may enter.

As regards defects found at medical inspections, it was found that visual defects as always, have proved to be the most frequent but is is pleasing to report that for the first time for many years, the number of children referred for a full ophthalmic examination has not increased. On the other hand, more frequent visual examination carried out amongst infants has resulted in an increase in the number of children which require observation.

Special note has been taken during the year of the condition of the children's tonsils. It is found that at the time of entrance 4.15% of boys and 1.93% of girls have had their tonsils removed; by the time of the second examination, these figures had risen to 20.30% and 18.11% respectively, while it is found at leaver examinations 23.28% of boys and 23.68% of girls have had their tonsils removed. It thus appears that the majority of tonsillectomies are carried out between the ages of six and ten. Roughly, a quarter of all children have their tonsils removed at the present time but it should be noted that in accordance with general medical opinion, the number has dropped over the last few years and is in fact 2% less than last year.

The establishment of the Educational Sub-normal School at Ashgate initially involved the staff of the School Health Service in considerable additional work but one feels that this has been well worth while as the school is working smoothly and efficiently.

Brambling House School, of which we have been justly proud over the last twenty-one years, has continued to bring back to health the delicate children of the Borough and also alleviated the stresses and disturbances of emotionally disturbed children. An innovation has been the appointment of a physiotherapist for one session per week at the School but as between thirty and forty children require physiotherapy weekly, it is likely that in 1960, it will be necessary for the physiotherapist to attend for two sessions a week.

Owing to the continued pressure on the medical and nursing staffs in connection with the scheme for Vaccination against Poliomyelitis, it has not yet been found possible to do general B.C.G. Vaccination for all children over the age of thirteen in accordance with the County Scheme, but it is hoped that a start will be made during the coming year.

Speech therapy was interrupted during the year owing to the resignation of Miss H. Wright the Speech Therapist. After a lapse of three months however, we were fortunate to secure the appointment of a successor and the work has been carried out on similar lines as in previous years.

The School Dental Service continued during 1959 on the usual lines including the treatment of school and pre-school children. Some dentures were supplied mainly to replace front teeth broken or lost through sport or accidents and also some orthodontic treatment was undertaken to improve irregularities of the teeth and mouth. The children at the special schools were all examined and received treatment.

The Medical Officers consultation clinics, the ophthalmic clinic, the sun-ray clinic and the minor ailments clinics continued as in previous years and were very well attended as also did the excellent work performed by the Home Teachers."

APPENDIX

TABLES OF THE MINISTRY OF EDUCATION

Medical Inspection and Treatment—Year ended 31st December, 1959—Local Education Authority, Derbyshire

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1960, 118,520

PART 1—**Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)**

TABLE A—**PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By years of Birth)	PHYSICAL CONDITION OF PUPILS INSPECTED																	
	TOTALS—Whole Administrative County					Divisional Executive												
						North-west		North-east		Mid-Derbyshire		South-east		South		Chesterfield	
	No. of Pupils Insp'd	Satisfactory		Unsatisfactory		No. Inspected	Satis. %	No. Inspected	Satis. %	No. Inspected	Satis. %	No. Inspected	Satis. %	No. Inspected	Satis. %	No. Inspected	Satis. %
		No.	%	No.	%												
1955 and later ..	1,794	1,782	99.33	12	.67	242	100.0	450	99.1	263	99.7	355	99.1	341	99.1	143	99.30
1954 ..	3,842	3,780	98.39	62	1.61	485	99.8	900	98.4	590	99.3	712	98.7	684	97.1	471	97.03
1953 ..	3,885	3,841	98.86	44	1.14	718	99.5	1,293	98.5	526	99.8	323	98.7	725	98.9	300	97.67
1952 ..	1,127	1,104	97.96	23	2.04	211	96.2	506	99.4	189	99.5	54	100.0	114	99.1	53	81.13
1951 ..	479	461	96.24	18	3.76	126	96.0	178	97.2	99	97.9	13	100.0	28	96.4	35	85.71
1950 ..	340	326	95.88	14	4.12	92	93.5	116	97.4	58	100.0	8	100.0	13	100.0	53	90.57
1949 ..	533	522	97.93	11	2.07	77	92.1	97	97.9	238	99.6	4	100.0	9	100.0	108	98.15
1948 ..	4,135	4,058	98.13	77	1.87	485	82.5	579	99.7	813	99.7	832	96.1	538	98.3	888	96.96
1947 ..	5,222	5,155	98.71	67	1.29	885	98.3	1,388	99.2	767	99.5	890	98.2	877	99.1	415	96.87
1946 ..	2,194	2,168	98.81	26	1.19	476	98.1	849	99.0	203	98.5	312	100.0	308	99.0	46	93.48
1945 ..	2,654	2,608	98.26	46	1.74	305	98.4	450	98.9	276	99.3	229	99.6	209	99.1	1,185	97.38
1944 and earlier ..	7,189	7,144	99.37	45	.63	828	99.0	2,081	99.6	1,102	99.6	1,553	99.3	1,563	99.4	62	95.16
Totals ..	33,394	32,949	98.67	445	1.33	4,930	98.6	8,887	99.0	5,124	99.5	5,285	98.6	5,409	98.8	3,759	96.78

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By Year of Birth)	Number of Pupils Found to Require Treatment						
	Total (Whole Admin. County)	Divisional Executive					
		North-West	North-east	Mid-Derby-shire	South-east	South	Chester-field
	FOR DEFECTIVE VISION (excluding Squint) :—						
1955 and later ..	16	4	5	1	2	2	2
1954	50	13	17	2	4	8	6
1953	79	24	31	10	4	7	3
1952	40	11	19	2	2	4	2
1951	23	9	11	2	—	—	1
1950	31	11	12	4	1	—	3
1949	31	10	11	8	1	—	1
1948	331	68	54	81	61	24	43
1947	514	134	132	71	81	79	17
1946	245	62	107	21	22	27	6
1945	199	49	50	30	26	15	29
1944 and earlier	889	153	235	136	195	168	2
Totals ..	2,448	548	684	368	399	334	115
	FOR ANY OF THE OTHER CONDITIONS RECORDED IN PART II :—						
1955 and later ..	176	18	42	25	20	40	31
1954	538	58	127	77	61	140	75
1953	529	77	170	60	40	134	48
1952	152	21	61	10	7	30	23
1951	84	21	28	9	1	4	21
1950	49	13	11	—	—	3	22
1949	79	12	12	14	2	5	34
1948	408	55	62	81	51	78	81
1947	576	62	148	87	66	177	36
1946	278	39	95	23	23	78	20
1945	247	31	32	17	18	38	111
1944 and earlier	790	121	128	111	85	325	20
Totals ..	3,906	528	916	514	374	1,052	522
	TOTAL INDIVIDUAL PUPILS :—						
1955 and later ..	186	20	46	26	20	42	32
1954	561	61	138	78	63	144	77
1953	573	88	192	68	41	134	50
1952	185	29	79	11	8	34	24
1951	101	25	38	11	1	4	22
1950	75	21	22	4	1	3	24
1949	104	19	23	21	2	5	34
1948	692	109	103	157	111	93	119
1947	1,003	180	262	151	139	219	52
1946	462	88	185	39	39	86	25
1945	415	64	78	47	40	49	137
1944 and earlier	1,558	241	348	233	266	448	22
Totals ..	5,915	945	1,514	846	731	1,261	618

TABLE C—OTHER INSPECTIONS

	Total (Whole Admin. County)	Divisional Executive					
		North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field
Number of Special Inspections	3,358	318	1,065	198	198	603	976
Number of Re-Inspections ..	10,180	1,525	673	885	906	1,431	4,760
Totals	13,538	1,843	1,738	1,083	1,104	2,034	5,736

TABLE D—INFESTATION WITH VERMIN

NOTES.—A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils appears in the body of this Report.
All cases of infestation, however slight, are recorded.
Items (*b*), (*c*) and (*d*) relate to individual pupils and not to instances of infestation.

	Total (Whole Admin. County)	Divisional Executive					
		North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field
(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ..	231,844	20,405	61,038	43,182	40,883	37,054	29,282
(*b*) Total number of individual pupils found to be infested	3,052	324	1,379	521	480	195	153
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—	—	—	—	—	—	—
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—	—	—	—	—	—	—

PART II—Defects found by Medical Inspection during the year

TABLE A—PERIODIC INSPECTIONS

Note—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspection, are included in this Table, whether or not they were under treatment or observation at the time of the inspection. The Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

WHOLE COUNTY

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	180	134	260	125	175	83	615	342
5	Eyes—*a.* Vision	463	343	1,079	606	906	596	2,448	1,545
	b. Squint	311	80	103	37	132	83	546	200
	c. Other	43	28	25	18	39	38	107	84
6	Ears—*a.* Hearing	38	85	26	45	31	52	95	182
	b. Otitis Media	73	110	55	48	44	53	172	211
	c. Other	18	110	12	69	17	80	47	259
7	Nose and Throat	391	823	71	157	136	339	598	1,319
8	Speech	51	110	16	39	78	57	145	206
9	Lymphatic Glands	17	379	8	43	10	169	35	591
10	Heart	20	157	6	92	16	76	42	325
11	Lungs	104	420	41	105	101	151	246	676
12	Developmental— *a.* Hernia	36	37	5	7	11	13	52	57
	b. Other	36	173	15	49	38	149	89	371
13	Orthopaedic— *a.* Posture	15	63	43	61	57	104	115	228
	b. Feet	109	202	129	239	126	166	364	607
	c. Other	80	280	57	98	123	115	260	493
14	Nervous System— *a.* Epilepsy	23	12	21	12	29	12	73	36
	b. Other	11	33	12	3	18	29	41	65
15	Psychological— *a.* Development	18	55	22	22	34	133	74	210
	b. Stability	38	173	16	127	96	136	150	436
16	Abdomen	21	41	10	7	21	27	52	75
17	Other	102	164	79	166	117	170	298	500

TABLE B.

SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
4	Skin	97	22
5	Eyes—*a.* Vision	410	432
	b. Squint	112	45
	c. Other	50	18
6	Ears—*a.* Hearing	25	50
	b. Otitis Media ..	36	30
	c. Other	28	15
7	Nose and Throat	79	127
8	Speech	53	40
9	Lymphatic Glands	12	46
10	Heart	7	55
11	Lungs	37	74
12	Developmental— *a.* Hernia	17	14
	b. Other	14	32
13	Orthopaedic— *a.* Posture	16	10
	b. Feet	41	33
	c. Other	32	32
14	Nervous System— *a.* Epilepsy	32	15
	b. Other	11	14
15	Psychological— *a.* Development ..	6	69
	b. Stability	59	48
16	Abdomen	17	12
17	Other	128	71

Defects found by Medical Inspection in the Year ended 31st December, 1959

DIVISIONAL EXECUTIVES

Defect Code No.	Defect or Disease	Periodic Inspections																					
		Entrants												Leavers									
		Requiring Treatment						Requiring observation						Requiring Treatment						Requiring observation					
		Divisional Executive						Divisional Executive						Divisional Executive						Divisional Executive					
		North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield
4	Skin	24	63	25	17	40	11	26	40	11	6	30	71	50	31	46	18	64	51	11	14	14	2	11	73
5	Eyes–*a.* Vision ..	130	262	25	12	22	12	104	108	1[illegible]	1	73	45	182	266	180	247	173	31	30	115	16	39	28	378
	b. Squint ..	64	105	33	37	47	25	17	56	4	14	8	11	9	14	9	39	32	–	6	6	2	1	12	10
	c. Other ..	7	17	2	5	7	5	6	5	2	1	7	7	7	4	1	4	5	4	1	5	1	1	2	8
6	Ears–*a.* Hearing ..	2	8	2	1	24	1	12	28	11	9	15	10	1	4	5	–	14	2	9	10	2	10	4	10
	b. Otitis Media	2	25	15	4	21	6	22	35	16	10	18	9	4	14	10	8	12	7	10	12	9	8	5	4
	c. Other ..	–	5	–	3	8	2	3	12	4	7	19	65	–	1	–	2	6	3	2	–	–	2	3	62
7	Nose and Throat ..	46	189	25	26	64	41	192	233	78	95	134	91	1	18	9	6	30	7	18	47	13	22	20	37
8	Speech	10	19	6	3	12	1	20	23	14	17	18	18	–	4	2	2	3	5	1	9	6	–	19	4
9	Lymphatic Glands ..	–	1	2	7	5	2	61	43	40	77	108	50	1	2	–	–	5	–	4	4	6	3	16	10
10	Heart	1	6	3	–	4	6	23	51	12	25	35	11	1	1	–	2	2	–	7	13	7	26	16	23
11	Lungs	2	37	15	5	32	13	83	102	41	63	94	37	–	9	8	7	16	1	20	22	15	24	9	15
12	Developmental—																								
	a. Hernia ..	2	19	2	2	9	2	17	7	4	–	4	5	1	–	1	–	2	1	3	2	–	–	2	–
	b. Other ..	1	18	5	2	6	4	10	73	8	24	22	36	2	2	2	1	6	2	2	3	10	1	16	17
13	Orthopaedic—																								
	a. Posture ..	2	5	–	–	8	–	22	4	5	6	18	8	19	1	3	9	11	–	4	11	3	4	9	30
	b. Feet ..	16	32	15	4	35	7	80	28	24	24	24	22	15	8	13	5	81	7	75	22	25	1	29	87
	c. Other ..	9	26	13	6	20	6	36	30	21	110	47	36	9	4	9	8	24	3	17	17	23	9	21	11
14	Nervous System—																								
	a. Epilepsy ..	–	8	6	4	4	1	–	5	3	4	–	–	–	2	2	3	8	6	2	2	–	1	5	2
	b. Other ..	–	2	–	1	6	2	4	6	2	5	14	2	1	–	2	4	5	–	1	2	–	–	–	–
15	Psychological—																								
	a. Development	3	2	3	3	7	–	12	19	9	10	4	1	–	–	1	–	21	–	5	8	–	2	1	6
	b. Stability ..	–	14	3	–	15	6	14	46	19	15	17	62	–	2	2	–	1	11	1	8	2	2	4	110
16	Abdomen	–	10	3	–	5	3	19	13	2	–	5	2	1	4	1	2	2	–	4	–	–	–	1	2
17	Other..	3	28	15	9	19	28	40	48	12	16	13	35	5	12	10	9	34	9	14	12	3	3	16	118

Defects found by Medical Inspection in the Year ended 31st December, 1959

DIVISIONAL EXECUTIVES *(continued)*

Defect Code No.	Defect or Disease	Periodic Inspections																					
		Others												Totals									
		Requiring Treatment						Requiring observation						Requiring Treatment						Requiring observation					
		Divisional Executive						Divisional Executive						Divisional Executive						Divisional Executive					
		North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield
4	Skin	21	13	41	19	42	33	9	8	10	-	25	29	101	107	112	54	146	95	46	62	35	10	66	123
5	Eyes–*a.* Vision	236	156	163	140	139	72	83	53	63	54	46	297	548	684	368	399	334	115	217	276	91	94	147	720
	b. Squint	37	29	22	14	26	4	11	8	2	–	28	34	110	148	64	90	105	29	34	40	8	15	48	55
	c. Other	7	6	8	–	12	6	3	2	4	–	3	26	21	27	11	9	24	15	10	12	7	2	12	41
6	Ears–*a.* Hearing	1	8	1	4	13	4	14	7	9	5	4	13	4	20	8	5	51	7	35	45	22	24	23	33
	b. Otitis Media	5	14	4	6	5	10	9	7	11	5	7	14	11	53	29	18	38	23	41	54	36	23	30	27
	c. Other	1	–	–	1	11	4	2	1	–	3	6	68	1	6	–	6	25	9	7	13	4	12	28	195
7	Nose and Throat	14	31	26	12	35	18	84	58	27	22	50	98	61	238	60	44	129	66	294	338	118	139	204	216
8	Speech	34	3	3	2	13	23	9	9	2	2	25	10	44	26	11	7	28	29	30	41	22	19	62	32
9	Lymphatic Glands	1	1	–	1	4	3	28	18	35	15	27	46	2	4	2	8	14	5	93	65	81	95	151	106
10	Heart	–	4	2	1	1	8	11	14	6	8	17	20	2	11	5	3	7	14	41	78	25	59	68	54
11	Lungs	–	13	21	9	13	39	25	22	28	17	23	36	2	59	50	21	61	53	128	146	84	104	126	88
12	Developmental—																								
	a. Hernia	1	3	–	3	3	1	5	1	–	–	6	1	4	22	3	5	14	4	25	10	4	–	12	6
	b. Other	2	5	4	5	14	8	19	16	9	7	15	83	5	25	11	8	26	14	31	92	27	32	53	136
13	Orthopaedic—																								
	a. Posture	25	1	8	2	12	9	33	9	13	6	20	23	46	7	11	11	31	9	59	24	21	16	47	61
	b. Feet	23	12	13	15	43	10	31	13	10	14	35	63	54	52	51	24	159	24	186	63	59	39	88	172
	c. Other	66	5	8	4	26	14	23	11	20	7	23	31	84	35	30	18	70	23	76	58	64	126	91	78
14	Nervous System—																								
	a. Epilepsy	2	3	2	2	6	14	5	1	1	1	4	–	2	13	10	9	18	21	7	8	4	6	9	2
	b. Other	–	2	4	1	5	6	5	2	2	1	15	4	1	4	6	6	16	8	10	10	4	6	29	6
15	Psychological—																								
	a. Development	1	1	1	1	30	–	10	22	3	2	4	92	4	3	5	4	58	–	27	49	12	14	9	99
	b. Stability	–	4	7	–	9	79	14	5	11	6	8	92	–	20	12	–	22	96	29	59	32	23	29	264
16	Abdomen	–	3	4	1	9	4	7	–	4	–	8	8	1	17	8	3	16	7	30	13	6	–	14	12
17	Other	5	6	20	19	26	41	23	19	8	18	36	66	13	46	45	37	79	78	77	79	23	37	65	219

Defects found by Medical Inspection in the Year ended 31st December, 1959

DIVISIONAL EXECUTIVES (*continued*)

Defect Code No.	Defect or Disease	Special Inspections											
		Requiring Treatment						Requiring observation					
		Divisional Executive						Divisional Executive					
		North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield
4	Skin	2	16	2	2	5	70	1	13	1	1	2	4
5	Eyes–*a.* Vision	30	142	41	31	29	137	7	148	43	20	3	211
	b. Squint	1	29	3	10	56	13	4	12	3	3	17	6
	c. Other	–	5	1	1	9	34	–	5	1	1	1	10
6	Ears–*a.* Hearing	–	10	–	–	6	9	7	20	3	7	2	11
	b. Otitis Media	–	12	–	4	12	8	1	19	–	4	4	2
	c. Other	–	3	1	–	11	13	–	7	–	2	5	1
7	Nose and Throat	4	35	7	10	8	15	8	88	1	6	6	18
8	Speech	8	14	1	–	15	15	–	18	1	1	15	5
9	Lymphatic Glands	–	1	–	–	9	2	4	17	1	–	2	22
10	Heart	–	5	–	1	–	1	–	31	1	18	–	5
11	Lungs	–	14	–	7	2	14	2	52	2	10	6	2
12	Developmental—												
	a. Hernia	–	6	1	–	10	–	–	2	–	2	10	–
	b. Other	–	8	–	–	3	3	1	20	1	1	3	6
13	Orthopaedic—												
	a. Posture	–	1	1	1	9	4	–	1	1	3	1	4
	b. Feet	3	14	1	3	1	19	6	15	–	3	1	8
	c. Other	1	11	1	4	7	8	5	18	2	2	2	3
14	Nervous System—												
	a. Epilepsy	1	8	–	3	8	12	–	8	–	6	1	–
	b. Other	–	2	–	–	–	9	–	6	1	4	–	3
15	Psychological—												
	a. Development	–	4	1	–	1	–	1	17	3	4	–	44
	b. Stability	–	8	–	–	8	43	5	16	3	4	–	20
16	Abdomen	–	2	1	1	5	8	1	6	–	1	4	–
17	Other	1	9	5	4	13	96	3	28	3	6	4	27

PART III

Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of Cases known to have been dealt with						
	Divisional Executive						
	North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field	Total
External and Other, excluding errors of refraction and Squint	5	40	8	62	56	45	216
Errors of refraction (including Squint)							8,013*
Totals							8,229*
Number of Pupils for whom Spectacles were Prescribed							5,166*

* (It is not possible to "Divisionalise" these figures).

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received Operative Treatment :—							
(*a*) for diseases of the ear ..	–	–	–	–	2	2	4
(*b*) for adenoids and chronic tonsilitis	55	276	4	9	33	168	546
(*c*) for other nose and throat conditions	–	1	–	–	3	5	9
Received other forms of treatment	12	1	–	5	4	70	92
Totals	68	278	4	14	42	245	651
Total number of pupils in schools who are known to have been provided with hearing aids :—							
(*a*) in 1959	3	1	3	1	1	–	9
(*b*) in previous years	7	8	4	–	6	8	33

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

(*a*) Pupils treated at Clinics or out-patients departments	76	26	81	165	411	54	813
(*b*) Pupils treated at School for postural defects ..	–	–	–	–	–	23	23
Total	76	26	81	165	411	77	836

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated						
	Divisional Executive						
	North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field	Totals
Ringworm—(*a*) Scalp ..	–	–	–	–	–	–	–
(*b*) Body ..	–	–	–	–	–	2	2
Scabies	–	–	–	–	–	2	2
Impetigo	10	2	–	7	–	6	25
Other Skin Diseases	70	15	–	–	–	195	280
Totals	80	17	–	7	–	205	309

TABLE E—CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics	45	125	101	59	84	120	534

TABLE F—SPEECH THERAPY

Pupils treated by Speech Therapists	92	4	6	4	75	193	374

TABLE G—OTHER TREATMENT GIVEN

(*a*) Pupils with minor ailments	381	172	8	162	40	266	1,029
(*b*) Pupils who received convalescent treatment under School Health Service arrangements ..	–	–	–	–	–	–	–
(*c*) Pupils who received B.C.G. vaccination ..	–	–	–	–	–	–	3,989
(*d*) Other than (*a*), (*b*) and (*c*) above (specify) :— Sunray treatment ..	–	–	–	–	–	224	224

PART IV

Dental Inspection and Treatment carried out by the Authority

	North west	North east	Mid-Derby-shire	South east	South	Chester-field	Totals
(1) Number of pupils inspected by the Authority's Dental Officers:—							
(*a*) at periodic inspections .	170	15,383	82	2,704	750	2,825	21,914
(*b*) as specials	–	1,359	152	258	1,498	2,475	5,742
TOTAL (1)..	170	16,742	234	2,962	2,248	5,300	27,656
(2) Number found to require treatment	89	13,807	183	2,356	2,081	4,318	22,834
(3) Number offered treatment ..	77	11,070	154	1,918	1,890	3,866	18,975
(4) Number actually treated ..	1	6,497	147	791	1,786	3,214	12,436
(5) Number of attendances made by pupils for treatment, *including* those recorded at heading 11(h) below	1	13,312	255	975	2,852	5,595	22,990
(6) Half-days devoted to:							
Periodic (School) Inspection ..	2	125	2	18	5	26	178
Treatment	–	1,903	–	118	307	743	3,071
TOTAL (6)	2	2,028	2	136	312	769	3,249
(7) Fillings :—							
Permanent Teeth	–	6,032	124	384	923	1,237	8,700
Temporary Teeth	–	397	2	11	4	266	680
TOTAL (7)	–	6,429	126	395	927	1,503	9,380
(8) Number of teeth filled :—							
Permanent Teeth	–	5,330	100	323	723	1,190	7,666
Temporary Teeth	–	383	1	11	4	264	663
TOTAL (8)	–	5,713	101	334	727	1,454	8,329
(9) Extractions :—							
Permanent Teeth	–	2,488	64	224	1,073	1,725	5,574
Temporary Teeth	2	6,682	174	901	2,920	2,599	13,278
TOTAL (9)	2	9,170	238	1,125	3,993	4,324	18,852
(10) Administration of general anaesthetics for extraction	–	2,217	100	531	1,372	1,714	5,934
(11) Orthodontics :—							
(*a*) Cases commenced during the year	–	69	–	6	2	6	83
(*b*) Cases carried forward from previous year	–	32	1	2	6	3	44
(*c*) Cases completed during the year	–	75	–	3	8	1	87
(*d*) Cases discontinued during the year	–	3	–	1	–	2	6
(*e*) Pupils treated with appliances	–	77	–	6	1	6	90
(*f*) Removable appliances fitted	–	92	–	6	2	6	106
(*g*) Fixed appliances fitted ..	–	–	–	–	–	–	–
(*h*) Total attendances	–	619	–	19	37	43	718
(12) Number of pupils supplied with artificial dentures . ..	–	56	–	2	10	32	100
(13) Other operations :—							
Permanent Teeth	–	2,344	14	42	74	263	2,737
Temporary Teeth	–	1,416	28	43	168	53	1,708
TOTAL (13)	–	3,760	42	85	142	316	4,445

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Market Place . Heanor . Derbyshire